Volume 3 - Service Delivery System

Proposal for Behavioral Health Services for Greater Arizona

October 2004

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a. Ensuring Recipients' Choice within the Provider Network

Developing Additional Providers and Treatment Options

This proposal is being submitted by Greater Arizona Behavioral Health Authority, LLC (GREABHA), which has been established by Cenpatico Behavioral Health™ LLC (CBH), a managed behavioral health subsidiary of Centene® Corporation (Centene). GREABHA recognizes that the single, large provider agencies structure of the current provider network serving each GSA limits consumer choice. GREABHA will facilitate competition among providers in all areas by opening the network to statewide providers. Provider agencies will be contracted to deliver services in multiple areas and communities to facilitate choice and competition, and to promote behavioral health recipients' access to outpatient and support services. It is GREABHA's intention to continue contracting with current providers, while also contracting with additional providers to increase competition and choice.

GREABHA increases consumer choice by increasing provider competition

GREABHA will collaborate with and incentivize provider agencies to take services to behavioral health recipients in their local communities, and to develop home-based or mobile treatment options for behavioral health recipients. In some cases, specific needs may exist that are not met by current resources or systems of care. An example is psychiatric appointment availability, which is often limited, especially in rural areas and for underserved consumer populations. CBH is committed to developing new programs and service delivery options that address these unmet needs. In Texas, for example, CBH is implementing innovative community-based behavioral health treatment programs such as co-locating behavioral health professionals in primary care clinic settings. In another Texas program, a telephone-based psychiatric consultation line and patient support service supports Primary Care Providers (PCPs) and contracted providers to provide psychiatric medications in rural areas where psychiatric care may otherwise be unavailable. Both programs are designed to make services more readily available to consumers, and to provide behavioral health care in a setting that is comfortable, convenient, and non-stigmatizing. GREABHA will explore options for contracting with PCPs or other practitioners as part of our network to deliver covered services in rural areas of Arizona.

GREABHA's expansion of the provider network is also designed to support the Arizona System Principles, Arizona Children's Vision and Principles, and Principles for Persons with a Serious Mental Illness (Arizona principles). In addition to supporting existing providers of services, GREABHA will focus on:

- The development of community-based services
- New support options consistent with the expansion of covered services
- Recovery-based treatment models such as family- and consumer-operated services
- Incentivizing provider agencies to contract directly with family members as caregivers and/or encourage provider agencies to do so
- Overseeing credentialing and privileging of non-licensed caregivers and will make available training resources to engage more nontraditional service providers as part of GREABHA's network.

These ongoing community development efforts will expand behavioral health recipients' access to care and choice of services in each of the geographic regions served.

Continuous Monitoring of Accessibility and Choice

GREABHA's network management processes are integrated with the continuous quality improvement method for monitoring and improving service delivery. GREABHA will ensure choice of providers by monitoring the network continuously to ensure that access standards are met,

including network sufficiency, geographic accessibility (using GeoAccess software), and appointment availability, as well as availability of culturally and linguistically appropriate services. To ensure that behavioral health recipients have appropriate access to support services and outpatient care. GREABHA will monitor network adequacy separately for each type of provider. We will conduct analyses to ensure sufficient providers with specific clinical specialties and specific linguistic or cultural competencies. GREABHA will also monitor the network to ensure adequate appointment availability, including after-hours care. A focus on logistical factors such as extended/weekend hours and geographic accessibility will help GREABHA ensure that care is delivered in an accessible and timely way.

In the first year following contract award, GREABHA will attempt to contract with all existing community treatment providers in order to:

- Ensure continuity of care
- Promote stability of the existing treatment system
- Build relationships with community provider agencies
- Build programs that are consumer based and that utilize natural supports

Also within the first year, GREABHA will identify gaps in the network and will conduct network development efforts to increase consumer choice and provider competition.

Ongoing Network Development to Increase Choice

Where gaps are identified based on behavioral health recipients' needs and treatment preferences, GREABHA personnel will contract with additional providers to develop new treatment options in the community and/or to partner with existing provider agencies to expand available services. Developing home-based and other community-based services is one important way to promote access and offer choice in rural communities. GREABHA corrective actions may include efforts such as:

- Targeting recruitment efforts to non-contracted providers in the underserved area
- Making grant funding available to defray startup costs for new consumer- or family-operated services
- Developing new community-based services, or implementing training programs to make available new service options for behavioral health recipients
- Partnering with local community colleges to develop training programs for paraprofessionals or for behavioral health recipients or family members who wish to provide behavioral health support services
- Utilizing state provider listing of licensed providers by geographic area
- Utilizing the local medical society report of physicians new to the underserved area
- Helping local provider agencies to recruit new practitioners from professional schools
- Utilizing state reports of assignment of new Medicaid ID numbers

b. Meeting Access to Care Standards

As with all quality measures where GREABHA will monitor performance and implement improvements through the continuous quality improvement process, GREABHA's efforts to ensure access to care will begin with an analysis of current trends and barriers. Currently, GSAs 1, 2, and 4 are all over 97% on Emergency Appointment availability within 24 hours; however, Routine Appointment availability within 7 days of referral appears to be a greater challenge (currently 70.6% for GSA 1 and 62.4% for GSA 4, although GSA 2 reports better results with 95.3% availability). GREABHA will perform a root cause analysis whenever Access to Care standards are not met, as defined by the Arizona Department of Health Services, Department of Behavioral Health Services (ADHS/DBHS), followed by a list of possible interventions designed in collaboration with providers and with input from behavioral health recipients, family members and community stakeholders, and targeted action plans to address barriers.

Multiple Entry Points Facilitate Access to Care

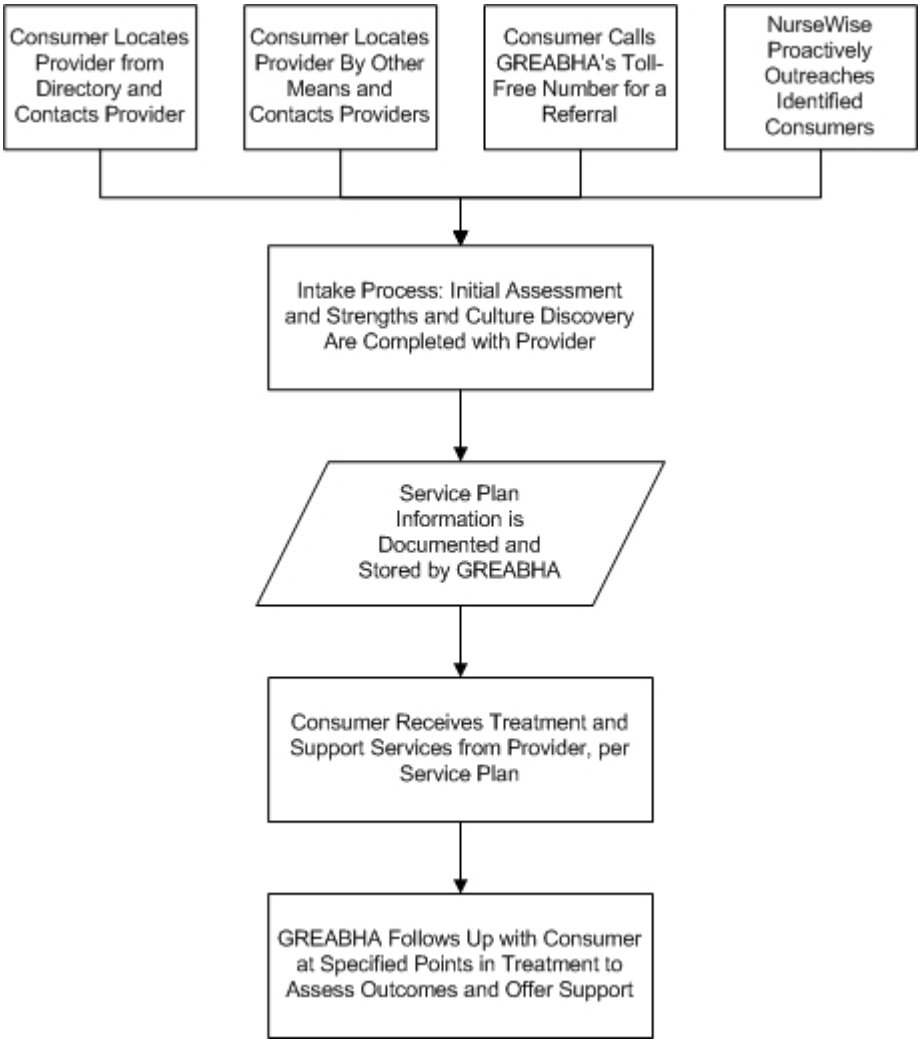
GREABHA will ensure choice by providing all Title XIX, Title XXI, and Non-Title XIX SMI behavioral health recipients with multiple ways to access the system of care, including:

- Calling GREABHA
- Selecting a provider from a directory available in hard copy or on GREABHA's website
- Directly contacting a network provider for services
- Through an outreach call from the NurseWise consumer outreach service (described in Section C)

GREABHA will accept telephonic referrals 24 hours per day, 7 days per week. GREABHA will document and track:

- All referrals or requests for behavioral health services, including the type of referral (emergent, urgent, routine)
- Behavioral health recipient information
- Referral source
- Disposition of the referral, including scheduled appointment time if a provider appointment can be scheduled immediately

If the behavioral health recipient's level of need does not require immediate care, then GREABHA will work with the behavioral health recipient to obtain an appointment within the appointment timeliness standards. If the behavioral health recipient's level of need requires immediate care, GREABHA will assist the behavioral health recipient in accessing care through a 24/7 urgent or emergent crisis facility, including providing transportation for the behavioral health recipient if necessary. Behavioral health recipients are not required to call GREABHA to access behavioral health care; rather, GREABHA provides this service as a "safety net" to ensure that behavioral health recipients are always able to access care.



Ensuring That Providers Meet Access to Care Standards

GREABHA's provider monitoring and training efforts are integrated with the continuous quality improvement process. On a monthly basis, GREABHA will monitor appointment availability for emergent, urgent, and routine services in accordance with ADHS/DBHS standards.

Our methods for monitoring appointment availability are consistent with the Arizona Logic Model for Network Sufficiency. CBH currently monitors providers' adherence to similar standards in other states. Current results from CBH's network providers show a high rate of compliance appointment availability standards.

Assessment of Providers' Adherence to Access Standards

GREABHA will assess providers' adherence to appointment access standards by various means:

- Site visits during initial credentialing and monthly on-site audits of providers
- Report to compare referral dates (from intake information) to initial session dates
- Behavioral health recipient and family member complaints about appointment access received by Quality Management

All measures of provider performance become part of the continuous quality improvement process, are monitored in monthly reports, and form the basis for performance feedback to providers and action plans when performance is not in line with the contract-required standards.

Provider Feedback and Corrective Action Plans

GREABHA will ensure that providers meet access to care standards through five major mechanisms:

GREABHA will increase access to care through provider training, individualized provider profile reports, and immediate corrective feedback such as a three-way call with the provider

- **Contract requirements**, which mandate adherence to ADHS/DBHS access and appointment availability standards
- **Initial and ongoing training**, which is tied to semi-monthly audits of the provider group's performance on various measures. Ongoing training includes technical assistance from GREABHA. For technical assistance on meeting access to care standards, GREABHA will contract with The Southwest Network, a provider group that has been successful in implementing the Arizona principles, to assist providers in redesigning their services to improve access. Providers without after-hours linguistic access are offered translation services to ensure compliance with Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards for care.
- **Provider monitoring and feedback**, which includes non-targeted communications such as newsletters that go to the entire provider network, and also includes individualized profile reports that compare providers' data to that of other providers in the network. Feedback will also be offered on individual cases—for example, when a behavioral health recipient calls GREABHA with a complaint about his or her ability to access treatment within the required timeframes, GREABHA will use three way calling between the behavioral health recipient, GREABHA's Customer Services Department and the provider's office to assist the behavioral health recipient in scheduling an appointment and to offer information to the provider.
- **Financial incentives** will be built into the provider contracts, in the form of quality bonuses to providers based on their compliance with access to care, Arizona principles and other contract-required standards.
- **Training and contracting with non-traditional support service providers**, such as family support partners, community support services, and faith-based support service providers.

If providers do not meet appointment access standards within a reasonable time after they have been trained, GREABHA will work with the provider to develop a corrective action plan, and follow up to ensure that corrective actions are put in place. When continued non-compliance is observed, provider information is submitted for peer review and further action, potentially including financial sanctions, removal from the network, and/or contract termination.

c. Ensuring Efficient Referral Management Processes; Ensuring Provider Engagement of Referrals – GSA 1

Outreach to Engage Behavioral Health Recipients in Care

GREABHA will contract with NurseWise, a telephonic support services provider, to conduct peer-to-peer outreach efforts and to engage and re-engage consumers in care

As another means for ensuring choice and promoting access to care in Arizona, GREABHA will bring in NurseWise®, a 24/7 nurse triage call center that is part of the Centene family of companies. NurseWise will provide GREABHA with telephonic consultation, emergency hotline, and care coordination services. In compliance with HIPAA guidelines, the service plans of behavioral health recipients will be stored on the NurseWise database, to ensure that they are available to all members of the service delivery team. NurseWise will establish an Arizona call center and will outreach behavioral health recipients in GSA 1. This service is designed to:

- Empower behavioral health recipients with the best available research-based knowledge and guidance in developing their treatment plans
- Assist each behavioral health recipient to choose those resources that he/she believes will be most beneficial
- Help behavioral health recipients locate and connect with those resources
- Facilitate communication between behavioral health recipients and treatment providers
- Provide immediate behavioral health recipient support during crisis situations and coordinate appropriate follow-up care through a community provider or support service

NurseWise will employ behavioral health recipients and family members as providers of peer-to-peer telephonic support. GREABHA will publicize a toll-free number for the NurseWise support service through various means to all persons who are Title XIX/XXI eligible, as part of general outreach efforts to inform behavioral health recipients and their families about behavioral health services. Behavioral Health Recipients may contact NurseWise directly using this toll-free number for peer-to-peer support. In addition, GREABHA will partner with community provider agencies, AHCCCS, and other stakeholders to identify behavioral health recipients who would benefit from a peer-to-peer outreach call to engage them in treatment.

GREABHA will also collaborate with providers, AHCCCS, the Department of Corrections, the Arizona Department of Juvenile Corrections, Child Protective Services, and other agencies to establish screening criteria for proactively calling persons who are Title XIX/XXI eligible who may benefit from behavioral health services. NurseWise will then conduct peer-to-peer outreach to engage these eligible members in treatment. NurseWise will also be available via a toll-free number 24 hours per day and 7 days per week, to take referrals and help behavioral health recipients access care. For behavioral health recipients in GSA 1 who may be members of the Navajo nation or live on the Hopi or other Native American reservations, this initial outreach effort will also focus on helping the behavioral health recipient to identify and access any resources available through the TRBHA or tribal organizations.

The responsibility of coordinating services for behavioral health recipients between the T/RBHA's lies with the Clinical Provider & Services Administrator in order to provide transition and continuity of care of services according to the ADHS/DBHS Policy & Procedure Manual.

Centralized Data Repository

A centralized data repository makes it easy for consumers to access care from multiple providers and to share their treatment goals

Regardless of how a behavioral health recipient enters the system of care, GREABHA will maintain a centralized information system as a repository of all behavioral health recipients' service plan information, team members, clinical liaisons, and services provided. Behavioral Health Recipients who access care directly from a network provider will work with their provider to develop a team and individualized service plan. NurseWise will also collect behavioral health recipients' existing service plan data during outreach calls, and will facilitate an appointment with a network provider to complete the ADHS/DBHS standard assessment, including the Strengths and Culture Discovery, if this has not been completed. Each behavioral health recipient's individualized plan and service information will be stored for easy retrieval and review. GREABHA will offer behavioral health recipients and providers a flexible array of options to communicate service plan information to GREABHA at the start of treatment, including:

- Completing a secure Internet-based form that records the information
- Direct telephonic contact by the behavioral health recipient or provider
- Faxing a form with the information

GREABHA's centralized data repository of service information will help promote continuity and coordination of care and enable sharing of information among providers when a behavioral health recipient accesses multiple types of services. By giving behavioral health recipients ready access to this information, GREABHA will make it easier to coordinate care among multiple treatment providers and community-based support services, particularly during level-of-care transitions.

Assessing Providers' Responsiveness to Requests for Service

For GSA 1, GREABHA will monitor provider adherence to ADHS/DBHS standards for timeliness of service, outreach, engagement, re-engagement, closure, intake, assessment, and service planning, as an integrated part of the continuous quality improvement process.

GREABHA will use the centralized information system to document all referrals and dispositions, including those received by GREABHA's 24/7 Access Line, and those where behavioral health recipients directly access care from a provider. The information system will also track key clinical information, such as the completion of the standardized assessment, Strengths and Culture Discovery, and service plan, the membership of each behavioral health recipient's team and designated Clinical Liaison.

GREABHA will monitor the extent to which providers engage behavioral health recipients in services, including:

- Providing a courteous, welcoming environment that engages behavioral health recipients in an empathic, hopeful manner and develops positive expectations from the time of the first contact
- Helping behavioral health recipients to explore, identify, and achieve their personal goals
- Providing culturally relevant care in accordance with the CLAS standards, which include respecting behavioral health recipients' language, customs, values, family, culture, traditions, strengths, age, and gender
- Welcoming and including behavioral health recipients, family members, and other service providers as team members in the assessment and service planning and implementation process
- Welcoming the behavioral health recipient's viewpoint, and regularly validating the daily courage that is needed to recover from persistent and relapsing behavioral health conditions
- Providing information regarding available services, and assist the behavioral health recipient and family in identifying services that can assist in meeting the behavioral health recipient's

goals, such as community based services, peer support services, faith-based services, and community groups or agencies
- Re-engaging any behavioral health recipient who has withdrawn from the treatment process, refused services, failed to appear for an appointment, or experienced a crisis or level-of-care transition.

Provider Feedback and Corrective Action Plans

For GSA 1, GREABHA will ensure providers' adherence to ADHS/DBHS requirements through four major mechanisms:

- Contract requirements: GREABHA will contractually require that providers perform outreach to each behavioral health recipient a minimum of three times on three separate days and times; send each behavioral health recipient a letter describing the scope of available services; and report back to GREABHA if a behavioral health recipient is not reached
- Based on monthly monitoring of the engagement and re-engagement of behavioral health recipients in services, GREABHA's training department will partner with providers to develop appropriate training and technical assistance programs. GREABHA will offer provider agencies consultation about process re-design from The Southwest Network, a group that has achieved exemplary results in implementing the Arizona principles
- Provider monitoring and feedback about engagement and re-engagement of behavioral health recipients, including profile reports about individual providers' performance on target indicators
- Financial incentives, in the form of a quality bonus to providers based on their achievement of quality performance targets on outreach and reengagement measures.

Resolving Individual Barriers and Re-Engaging Behavioral Health Recipients

GREABHA will monitor to identify consumers who are at risk of "falling through the cracks," and will contract with NurseWise to re-engage them in care

If a potential behavioral health recipient is referred for care, but follow-up assessment or service planning is not completed and no update is received from the provider, GREABHA will contract with NurseWise to conduct direct consumer outreach to resolve any barriers to care. NurseWise peer-to-peer consumer outreach staff are trained to identify and to intervene in cases where behavioral health recipients and providers reach an impasse early in treatment due to disagreement about appropriate goals or over the methods to reach those goals. In many cases, the outreach worker can help the behavioral health recipient to develop his or her service goals and partner with the provider in a way that will allow the behavioral health recipient to reengage in services. Alternately, NurseWise can assist the behavioral health recipient to locate alternate resources in line with the behavioral health recipient's goals.

Behavioral health recipients may also be identified as at risk for "falling through the cracks" based on level-of-care transitions, non-completion of treatment services, or other risk factors. NurseWise conducts peer-to-peer outreach efforts to these identified at-risk behavioral health recipients to:

- Review the behavioral health recipient's current need
- Suggest resources that can meet those needs
- Identify any barriers, find solutions to break down the barriers and instill hope that by reengaging in services that the behavioral health recipient and their family will experience a positive outcome

c. Ensuring Efficient Referral Management Processes; Ensuring Provider Engagement of Referrals – GSA 2

GREABHA will contract with NurseWise, a telephonic support services provider, to conduct peer-to-peer outreach efforts and to engage and re-engage consumers in care

As another means for ensuring choice and promoting access to care in Arizona, GREABHA will bring in NurseWise®, a 24/7 nurse triage call center that is part of the Centene family of companies. NurseWise will provide GREABHA with telephonic consultation, emergency hotline, and care coordination services. In compliance with HIPAA guidelines, the service plans of behavioral health recipients will be stored on the NurseWise database, to ensure that they are available to all members of the service delivery team. NurseWise will establish an Arizona call center and will outreach behavioral health recipients in GSA 2. This service is designed to:

- Empower behavioral health recipients with the best available research-based knowledge and guidance in developing their treatment plans
- Assist each behavioral health recipient to choose those resources that he/she believes will be most beneficial
- Help behavioral health recipients locate and connect with those resources
- Facilitate communication between behavioral health recipients and treatment providers
- Provide immediate behavioral health recipient support during crisis situations and coordinate appropriate follow-up care through a community provider or support service

NurseWise will employ behavioral health recipients and family members as providers of peer-to-peer telephonic support. GREABHA will publicize a toll-free number for the NurseWise support service through various means to all persons who are Title XIX/XXI eligible, as part of general outreach efforts to inform behavioral health recipients and their families about behavioral health services. Behavioral Health Recipients may contact NurseWise directly using this toll-free number for peer-to-peer support. In addition, GREABHA will partner with community provider agencies, AHCCCS, and other stakeholders to identify behavioral health recipients who would benefit from a peer-to-peer outreach call to engage them in treatment.

GREABHA will also collaborate with providers, AHCCCS, the Department of Corrections, the Arizona Department of Juvenile Corrections, Child Protective Services, and other agencies to establish screening criteria for proactively calling persons who are Title XIX/XXI eligible who may benefit from behavioral health services. NurseWise will then conduct peer-to-peer outreach to engage these eligible members in treatment. NurseWise will also be available via a toll-free number 24 hours per day and 7 days per week, to take referrals and help behavioral health recipients access care. GREABHA will also employ and train Latino community members as Promotoras, in order to outreach to Latinos in GSA 2. Promotoras will provide behavioral health recipients with information about the benefits of health plan membership and preventive care.

The responsibility of coordinating services for behavioral health recipients between the T/RBHA's lies with the Clinical Provider & Services Administrator in order to provide transition and continuity of care of services according to the ADHS/DBHS Policy & Procedure Manual.

Centralized Data Repository

Regardless of how a behavioral health recipient enters the system of care, GREABHA will maintain a centralized information system as a repository of all behavioral health recipients' service plan information, team members, clinical liaisons, and services provided. Behavioral health recipients who access care directly from a network provider will work with their provider to develop a team and individualized service plan. NurseWise will also collect behavioral health

recipients' existing service plan data during outreach calls, and will facilitate an appointment with a network provider to complete the ADHS/DBHS standard assessment, including the Strengths and Culture Discovery, if this has not been completed. Each behavioral health recipient's individualized plan and service information will be stored for easy retrieval and review. GREABHA will offer behavioral health recipients and providers a flexible array of options to communicate service plan information to GREABHA at the start of treatment, including:

A centralized data repository makes it easy for consumers to access care from multiple providers and to share their treatment goals

- Completing a secure Internet-based form that records the information
- Direct telephonic contact by the behavioral health recipient, family member (when appropriate) or provider
- Faxing a form with the information

GREABHA's centralized data repository of service information will help promote continuity and coordination of care and enable sharing of information among providers when a behavioral health recipient accesses multiple types of services. By giving behavioral health recipients ready access to this information, GREABHA will make it easier to coordinate care among multiple treatment providers and community-based support services, particularly during level-of-care transitions.

Assessing Providers' Responsiveness to Requests for Service

For GSA 2, GREABHA will monitor provider adherence to ADHS/DBHS standards for timeliness of service, outreach, engagement, re-engagement, closure, intake, assessment, and service planning, as an integrated part of the continuous quality improvement process.

GREABHA will use the centralized information system to document all referrals and dispositions, including those received by GREABHA's 24/7 Access Line, and those where behavioral health recipients directly access care from a provider. The information system will also track key clinical information, such as the completion of the standardized assessment, Strengths and Culture Discovery, and service plan, the membership of each behavioral health recipient's team and designated Clinical Liaison.

GREABHA will monitor the extent to which providers engage behavioral health recipients in services, including:

- Providing a courteous, welcoming environment that engages behavioral health recipients in an empathic, hopeful manner and develops positive expectations from the time of the first contact;
- Helping behavioral health recipients to explore, identify, and achieve their personal goals;
- Providing culturally relevant care in accordance with the CLAS standards, which include respecting behavioral health recipients' language, customs, values, family, culture, traditions, strengths, age, and gender
- Welcoming and including behavioral health recipients, family members, and other service providers as team members in the assessment and service planning and implementation process
- Obtaining the behavioral health recipient's viewpoint, and regularly validating the daily courage that is needed to recover from persistent and relapsing behavioral health conditions
- Providing information regarding available services, and assist the behavioral health recipient and family in identifying services that can assist in meeting the behavioral health recipient's goals, such as community based services, peer support services, faith-based services, and community groups or agencies

- Re-engaging any behavioral health recipient who has withdrawn from the treatment process, refused services, failed to appear for an appointment, or experienced a crisis or level-of-care transition.

Provider Feedback and Corrective Action Plans

For GSA 2, GREABHA will ensure providers' adherence to ADHS/DBHS requirements through four major mechanisms:

- Contract requirements: GREABHA will contractually require that providers perform outreach to each behavioral health recipient a minimum of three times on three separate days and times; send each behavioral health recipient a letter describing the scope of available services; and report back to GREABHA if a behavioral health recipient is not reached
- Based on monthly monitoring of the engagement and re-engagement of behavioral health recipients in services, GREABHA's training department will partner with providers to develop appropriate training and technical assistance programs. GREABHA will offer provider agencies consultation about process re-design from The Southwest Network, a group that has achieved exemplary results in implementing the Arizona principles
- Provider monitoring and feedback about engagement and re-engagement of behavioral health recipients, including profile reports about individual providers' performance on target indicators
- Financial incentives, in the form of a quality bonus to providers based on their achievement of quality performance targets on outreach and reengagement measures.

Resolving Individual Barriers and Re-Engaging Behavioral Health Recipients

GREABHA will monitor to identify consumers who are at risk of "falling through the cracks," and will contract with NurseWise to re-engage them in care

If a behavioral health recipient is referred for care, but follow-up assessment or service planning is not completed and no update is received from the provider, GREABHA will contract with NurseWise to conduct direct behavioral health recipient outreach to resolve any barriers to care. NurseWise peer-to-peer consumer outreach staff are trained to identify and to intervene in cases where behavioral health recipients and providers reach an impasse early in treatment due to disagreement about appropriate goals or over the methods to reach those goals. In many cases, the outreach worker can help the behavioral health recipient to develop his or her service goals and partner with the provider in a way that will allow the behavioral health recipient to reengage in services. Alternately, NurseWise can assist the behavioral health recipient to locate alternate resources in line with the behavioral health recipient's goals.

Behavioral Health Recipients may also be identified as at risk for "falling through the cracks" based on level-of-care transitions, non-completion of treatment services, or other risk factors. NurseWise conducts peer-to-peer outreach efforts to these identified at-risk behavioral health recipients to:

- Review the behavioral health recipient's current need
- Suggest resources that can meet those needs
- Identify any barriers, find solutions to break down the barriers and instill hope that by reengaging in services that the behavioral health recipient and their family will experience a positive outcome

c. Ensuring Efficient Referral Management Processes; Ensuring Provider Engagement of Referrals – GSA 4

GREABHA will contract with NurseWise, a telephonic support services provider, to conduct peer-to-peer outreach efforts and to engage and re-engage consumers in care

As another means for ensuring choice and promoting access to care in Arizona, GREABHA will bring in NurseWise®, a 24/7 nurse triage call center that is part of the Centene family of companies. NurseWise will provide GREABHA with telephonic consultation, emergency hotline, and care coordination services. In compliance with HIPAA guidelines, the service plans of behavioral health recipients will be stored on the NurseWise database, to ensure that they are available to all members of the service delivery team. NurseWise will establish an Arizona call center and will outreach behavioral health recipients in GSA 4. This service is designed to:

- Empower behavioral health recipients with the best available research-based knowledge and guidance in developing their treatment plans
- Assist each behavioral health recipient to choose those resources that he/she believes will be most beneficial
- Help behavioral health recipients locate and connect with those resources
- Facilitate communication between behavioral health recipients and treatment providers
- Provide immediate behavioral health recipient support during crisis situations and coordinate appropriate follow-up care through a community provider or support service

NurseWise will employ behavioral health recipients and family members as providers of peer-to-peer telephonic support. GREABHA will publicize a toll-free number for the NurseWise support service through various means to all persons who are Title XIX/XXI eligible, as part of general outreach efforts to inform behavioral health recipients and their families about behavioral health services. Behavioral health recipients may contact NurseWise directly using this toll-free number for peer-to-peer support. In addition, GREABHA will partner with community provider agencies, AHCCCS, and other stakeholders to identify behavioral health recipients who would benefit from a peer-to-peer outreach call to engage them in treatment.

GREABHA will also collaborate with providers, AHCCCS, the Department of Corrections, the Arizona Department of Juvenile Corrections, Child Protective Services, and other agencies to establish screening criteria for proactively calling persons who are Title XIX/XXI eligible who may benefit from behavioral health services. NurseWise will then conduct peer-to-peer outreach to engage these eligible members in treatment. NurseWise will also be available via a toll-free number 24 hours per day and 7 days per week, to take referrals and help behavioral health recipients access care. GREABHA will also employ and train Latino community members as *Promotoras* in order to outreach Latinos in GSA 4.

For behavioral health recipients in GSA 4 who may be members of the Apache Nation or other Native American Reservations, this initial outreach effort will also focus on helping the behavioral health recipient to identify and access any resources available through the T/RBHA or tribal organizations.

The responsibility of coordinating services for behavioral health recipients between the T/RBHA's lies with the Clinical Provider & Services Administrator in order to provide transition and continuity of care of services according to the ADHS/DBHS Policy & Procedure Manual.

Centralized Data Repository

Regardless of how a behavioral health recipient enters the system of care, GREABHA will maintain a centralized information system as a repository of all behavioral health recipients'

service plan information, team members, clinical liaisons, and services provided. Behavioral health recipients who access care directly from a network provider will work with their provider to develop a team and individualized service plan. NurseWise will also collect behavioral health recipients' existing service plan data during outreach calls, and will facilitate an appointment with a network provider to complete the ADHS/DBHS standard assessment, including the Strengths and Culture Discovery, if this has not been completed. Each behavioral health recipient's individualized plan and service information will be stored for easy retrieval and review. GREABHA will offer behavioral health recipients and providers a flexible array of options to communicate service plan information to GREABHA at the start of treatment, including:

- Completing a secure Internet-based form that records the information
- Direct telephonic contact by the behavioral health recipient or provider
- Faxing a form with the information

GREABHA's centralized data repository of service information will help promote continuity and coordination of care and enable sharing of information among providers when a behavioral health recipient accesses multiple types of services. By giving behavioral health recipients ready access to this information, GREABHA will make it easier to coordinate care among multiple treatment providers and community-based support services.

A centralized data repository makes it easy for consumers to access care from multiple providers and to share their treatment goals

Assessing Providers' Responsiveness to Requests for Service

For GSA 4, GREABHA will monitor provider adherence to ADHS/DBHS standards for timeliness of service, outreach, engagement, re-engagement, closure, intake, assessment, and service planning, as an integrated part of the continuous quality improvement process.

GREABHA will use the centralized information system to document all referrals and dispositions, including those received by GREABHA's 24/7 Access Line, and those where behavioral health recipients directly access care from a provider. The information system will also track key clinical information, such as the completion of the standardized assessment, Strengths and Culture Discovery, and service plan, the membership of each behavioral health recipient's team and designated Clinical Liaison.

GREABHA will monitor the extent to which providers engage behavioral health recipients in services, including:

- Providing a courteous, welcoming environment that engages behavioral health recipients in an empathic, hopeful manner and develops positive expectations from the time of the first contact;
- Helping behavioral health recipients to explore, identify, and achieve their personal goals;
- Providing culturally relevant care in accordance with the CLAS standards, which include respecting behavioral health recipients' language, customs, values, family, culture, traditions, strengths, age, and gender
- Welcoming behavioral health recipients, family members, and other service providers as team members in the assessment and service planning and implementation process
- Welcoming the behavioral health recipient's viewpoint, and regularly validating the daily courage that is needed to recover from persistent and relapsing behavioral health conditions
- Providing information regarding available services, and assist the behavioral health recipient and family in identifying services that can assist in meeting the behavioral health recipient's goals, such as community based services, peer support services, faith-based services, and community groups or agencies
- Re-engaging any consumer who has withdrawn from the treatment process, refused services, failed to appear for an appointment, or experienced a crisis or level-of-care transition.

Provider Feedback and Corrective Action Plans

For GSA 4, GREABHA will ensure providers' adherence to ADHS/DBHS requirements through four major mechanisms:

Contract requirements: GREABHA will contractually require that providers perform outreach to each behavioral health recipient a minimum of three times on three separate days and times; send each behavioral health recipient a letter describing the scope of available services; and report back to GREABHA if a behavioral health recipient is not reached

Based on monthly monitoring of the engagement and re-engagement of behavioral health recipients in services, GREABHA's training department will partner with providers to develop appropriate training and technical assistance programs. GREABHA will offer provider agencies consultation about process re-design from The Southwest Network, a group that has achieved exemplary results in implementing the Arizona principles.

Provider monitoring and feedback about engagement and re-engagement of behavioral health recipients, including profile reports about individual providers' performance on target indicators

Financial incentives, in the form of a quality bonus to providers based on their achievement of quality performance targets on outreach and reengagement measures.

Resolving Individual Barriers and Re-Engaging Behavioral Health Recipients

GREABHA will monitor to identify consumers who are at risk of "falling through the cracks," and will contract with NurseWise to re-engage them in care

If a behavioral health recipient is referred for care, but follow-up assessment or service planning is not completed and no update is received from the provider, GREABHA will contract with NurseWise to conduct direct behavioral health recipient outreach to resolve any barriers to care. NurseWise peer-to-peer consumer outreach staff are trained to identify and to intervene in cases where behavioral health recipients and providers reach an impasse early in treatment due to disagreement about appropriate goals or over the methods to reach those goals. In many cases, the outreach worker can help the behavioral health recipient to develop his or her service goals and partner with the provider in a way that will allow the behavioral health recipient to reengage in services. Alternately, NurseWise can assist the behavioral health recipient to locate alternate resources in line with the behavioral health recipient's goals.

Behavioral health recipients may also be identified as at risk for "falling through the cracks" based on level-of-care transitions, non-completion of treatment services, or other risk factors. NurseWise conducts peer-to-peer outreach efforts to at-risk behavioral health recipients to:

- Review the behavioral health recipient's current need
- Suggest resources that can meet those needs
- Identify any barriers, find solutions to break down the barriers and instill hope that by reengaging in services the behavioral health recipient will experience a positive outcome

d. Ensuring Adequate Clinical Supervision and Consultation – GSA 1

GREABHA will recommend that all providers receive ongoing supervision as part of their routine clinical practice, and contractually require providers to do so to maintain their licensure status or privileges. GREABHA will hold provider agencies accountable to sound supervision practices through the continuous quality improvement process of monitoring providers' supervision practices, giving them feedback, and engaging provider leadership to develop appropriate action plans for providers to improve their supervision practices. GREABHA will also offer training and technical assistance that will help provider agencies to improve their clinical supervision practices.

GREABHA's Credentialing Department will use a Vistar provider database to maintain records to ensure that providers have received appropriate supervision to maintain their licensure or privileging status, such as privileges to function as a Clinical Liaison or to complete ADHS/DBHS-required assessments and service planning.

Monitoring Clinical Supervision of Network Providers

For GSA 1, GREABHA will monitor provider supervision practices through several means:

- Documentation of appropriate supervision for unlicensed behavioral health staff and ongoing training for licensed behavioral health professionals is part of initial credentialing and the three-year re-credentialing cycle
- GREABHA will track supervision and ongoing training of both licensed and non-licensed providers through a provider data tracking system. In line with the Arizona's expansion of covered services, GREABHA will sponsor training programs for behavioral health recipients, family members and non-licensed individuals who wish to become support providers. Provider training activities and supervision that are provided by GREABHA will be documented in GREABHA's provider data tracking system
- GREABHA's Provider Training and Assistance Team will conduct semi-monthly visits to each provider site, and Provider Training staff partner with leadership at each provider agency to identify training needs and gaps in supervision that interfere with providers' adherence to the Arizona principles
- GREABHA will maintain a roster of professionals who have completed the required training for clinical supervisors, and will match providers' reported supervision against this list to ensure that providers' supervisors are appropriately trained and credentialed to function in this supervisory role

Ensuring Providers' Adherence to Supervision Requirements

For GSA 1, GREABHA will ensure providers' adherence to appropriate supervision practices in the following ways:

- Contract requirements: GREABHA will contractually require that provider agencies follow good clinical supervision practices and make available adequate resources for supervision, as defined by the Arizona Board of Behavioral Health Examiners and Revised Statutes for behavioral health licensure.
- Based on dialogue with clinical leadership about how to improve supervision practices, GREABHA will design provider training and technical assistance programs to improve supervision practices. This may in some cases include GREABHA designing or implementing new training programs, or contracting with outside experts to offer supervision in specific models of care that support the Arizona principles and are evidence based, promising or emerging practices

- Provider monitoring and feedback about supervision practices, including profiling provider agencies to compare their supervision practices to those of other provider agencies
- Financial incentives, in the form of a quality bonus to providers based on use of best clinical practices, including appropriate supervision practices, when the root cause is determined to be agency nonadherence to the Arizona principles rather than a lack of skills or supervision resources

Increasing Opportunities for Supervision

For GSA 1, GREABHA will ensure that behavioral health staff are continuously trained in best practices and use them accordingly. GREABHA will also provide training on evidence-based practices, promising practices, and emerging practices. GREABHA will also train providers to ensure that they deliver services consistent with ADHS/DBHS Clinical Guidance documents. GREABHA will work collaboratively with provider agencies, behavioral health recipients, family members, ADHS/DBHS, and community stakeholders to identify topics on which providers require additional supervision and/or training, which may include:

- GREABHA sponsorship of ADHS/DBHS-approved training programs for providers who wish to offer clinical supervision, to appropriately qualify them as supervisors for clinical liaisons, non-licensed professionals, or other behavioral health service providers.
- GREABHA sponsorship of training and supervision related to successfully implementing the Arizona principles for behavioral health. Some supervision may be provided by The Southwest Network and META Services that GREABHA views as representing a best practice in its implementation of the Arizona principles.
- GREABHA sponsorship of training in a recovery-focused model of care, including an emphasis on how to help behavioral health recipients engage in services, formulate their own plans for recovery or action through the Child and Family Team, instill hope, develop skills, and engage community resources as supports to help behavioral health recipients resume meaningful roles in the community.

GREABHA will make specialized provider training and supervision in local service areas available in an effort to help develop community-based provider services that meet specific behavioral health recipient service needs. For example, GREABHA will sponsor provider training and ongoing supervision for providers who are interested in offering community-based, recovery-oriented services such as:

- Peer Support Training
- Family Support Partner Training
- Functional Family Therapy (FFT)
- Supported employment models for persons with serious mental illness
- Dialectical Behavior Therapy (DBT)
- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)

Many innovative clinical models (e.g., DBT, ACT, FFT) have ongoing team supervision and case conferences as a key model component, and GREABHA will incentivize providers to implement these treatment models in the recommended manner, including the team meeting and supervision components.

Meeting the Supervision Needs of Providers in Rural Areas

In line with the Report of the President's New Freedom Commission on Mental Health, GREABHA supports improving access to quality care in rural and geographically remote areas.

For GSA 1, GREABHA will use videoconferencing capabilities to provide peer consultation to behavioral health providers who are treating complex cases, and who may not have access to peer consultation in their local community. GREABHA will provide specialist consultation (psychiatrist, addictions specialist, child specialist, personality disorders expert, DBT, ACT, FFT etc.) for rural providers, including non-traditional consultation sessions, such as video consultation sessions in which an expert conducts a remote consultation session with the provider and behavioral health recipient using a video link. This capability is especially important in rural areas, such as GSA 1, where expert resources may not be available.

In line with the President's New Freedom Commission on Mental Health Report, GREABHA will work to improve access to quality care in rural areas

GREABHA will offer teleconference and Internet-based training activities for providers, to help GREABHA network providers improve their skills in treating difficult cases, in treating specific clinical conditions, and in implementing the Arizona principles. GREABHA will identify experts in various specialties who will be available to providers for on-demand consultations. In addition to initial training, GREABHA will offer ongoing supervision to providers via teleconferencing in cases where providers are using treatment modality with which they are not familiar. This type of supervision is particularly important in rural areas, where supervisors with the desired expertise may not be readily available. This process also helps rural providers expand their skills to meet the needs of other behavioral health recipients who may have similar clinical issues or who may request a similar type of treatment. GREABHA will partner with community providers to assess who needs what level of supervision, and we will contract with local experts who are experienced in Arizona principles to provide that supervision and training, or with outside experts to support providers in learning and implementing specific treatment modalities.

d. Ensuring Adequate Clinical Supervision and Consultation – GSA 2

GREABHA recommends that all providers receive ongoing supervision as part of their routine clinical practice, and contractually requires providers to do so to maintain their licensure status or privileges. GREABHA will hold provider agencies accountable to sound supervision practices through the continuous quality improvement process of monitoring providers' supervision practices, giving them feedback, and engaging provider leadership to develop appropriate action plans for providers to improve their supervision practices. GREABHA also will offer training and technical assistance that will help provider agencies to improve their clinical supervision practices. GREABHA's Credentialing Department will using a Vistar provider database to maintain records to ensure that providers have received appropriate supervision to maintain their licensure or privileging status, such as privileges to function as a Clinical Liaison or to complete ADHS/DBHS-required assessments and service planning.

Monitoring Clinical Supervision of Network Providers

For GSA 2, GREABHA will monitor provider supervision practices through several means:

- Documentation of appropriate supervision for unlicensed behavioral health staff and ongoing training for licensed behavioral health professionals is part of initial credentialing and the three-year re-credentialing cycle
- GREABHA will track supervision and ongoing training of both licensed and non-licensed providers through a provider data tracking system. In line with the Arizona's expansion of covered services, GREABHA will sponsor training programs for behavioral health recipients, family members and non-licensed individuals who wish to become support providers. Provider training activities and supervision that are provided by GREABHA will be documented in GREABHA's provider data tracking system
- GREABHA's Provider Training and Assistance Team will conduct semi-monthly visits to each provider site, and Provider Training staff partner with leadership at each provider agency to identify training needs and gaps in supervision that interfere with providers' adherence to the Arizona principles
- GREABHA will maintain a roster of professionals who have completed the required training for clinical supervisors, and will match providers' reported supervision against this list to ensure that providers' supervisors are appropriately trained and credentialed to function in this supervisory role

Ensuring Providers' Adherence to Supervision Requirements

For GSA 2, GREABHA will ensure providers' adherence to appropriate supervision practices in the following ways:

- Contract requirements: GREABHA will contractually require that provider agencies follow good clinical supervision practices and make available adequate resources for supervision, as defined by the Arizona Board of Behavioral Health Examiners and Revised Statutes for behavioral health licensure.
- Based on dialogue with clinical leadership about how to improve supervision practices, GREABHA will design provider training and technical assistance programs to improve supervision practices. This may in some cases include GREABHA designing or implementing new training programs, or contracting with outside experts to offer supervision in specific models of care that support the Arizona principles and are evidence based, promising or emerging practices

- Provider monitoring and feedback about supervision practices, including profiling provider agencies to compare their supervision practices to those of other provider agencies
- Financial incentives, in the form of a quality bonus to providers based on providers' use of best clinical practices, including appropriate supervision practices, when the root cause is determined to be agency nonadherence to the Arizona principles rather than a lack of skills or supervision resources

Increasing Opportunities for Supervision

For GSA 2, GREABHA will ensure that behavioral health staff are continuously trained in best practices and use them accordingly. GREABHA will also provide training on evidence-based practices, promising practices, and emerging practices. GREABHA will also train providers to ensure that they deliver services consistent with ADHS/DBHS Clinical Guidance documents. GREABHA will work collaboratively with provider agencies, behavioral health recipients, family members, ADHS/DBHS, and community stakeholders to identify topics on which providers require additional supervision and/or training, which may include:

- GREABHA sponsorship of ADHS/DBHS-approved training programs for providers who wish to offer clinical supervision, to appropriately qualify them as supervisors for clinical liaisons, non-licensed professionals, or other behavioral health service providers.
- GREABHA sponsorship of training and supervision related to successfully implementing the Arizona principles for behavioral health. Some supervision may be provided by The Southwest Network and META Services that GREABHA views as representing a best practice in its implementation of the Arizona principles.
- GREABHA sponsorship of training in a recovery-focused model of care, including an emphasis on how to help behavioral health recipients engage in services, formulate their own plans for recovery or action through the Child and Family Team, instill hope, develop skills, and engage community resources as supports to help behavioral health recipients resume meaningful roles in the community.

GREABHA will also make available specialized provider training and supervision in local service areas, to help develop community-based provider services that meet specific behavioral health recipient service needs. For example, GREABHA will sponsor provider training and ongoing supervision for providers who are interested in offering community-based, recovery-oriented services such as:

- Peer Support Training
- Family Support Partner Training
- Functional Family Therapy (FFT)
- Supported employment models for persons with serious mental illness
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- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)

Many innovative clinical models (e.g., DBT, ACT, FFT) have ongoing team supervision and case conferences as a key model component, and GREABHA will incentivize providers to implement these treatment models in the recommended manner, including the team meeting and supervision components.

Meeting the Supervision Needs of Providers in Rural Areas

In line with the President's New Freedom Commission on Mental Health Report, GREABHA will work to improve access to quality care in rural areas

In line with the Report of the President's New Freedom Commission on Mental Health, GREABHA supports improving access to quality care in rural and geographically remote areas. For GSA 2, GREABHA will use videoconferencing capabilities to provide peer consultation to behavioral health providers who are treating complex cases, and who may not have access to peer consultation in their local community. GREABHA will provide specialist (psychiatrist, addictions specialist, child specialist, personality disorders expert, DBT, ACT, FFT etc.) consultation for rural providers, including non-traditional consultation sessions, such as video consultation sessions in which an expert conducts a remote consultation session with the provider and behavioral health recipient using a video link. This capability is especially important in rural areas, such as in GSA 2, where expert resources may not be available. GREABHA will identify experts in various specialties who will be available to providers for on-demand consultations. In addition to initial training, GREABHA will offer ongoing supervision to providers via teleconferencing in cases where providers are using treatment modality with which they are not familiar. This type of supervision is particularly important in rural areas, where supervisors with the desired expertise may not be readily available. This process also helps rural providers expand their skills to meet the needs of other behavioral health recipients who may have similar clinical issues or who may request a similar type of treatment. GREABHA will offer teleconference and Internet-based training activities for providers, to help GREABHA network providers improve their skills in treating difficult cases, in treating specific clinical conditions, and in implementing the Arizona principles. GREABHA will partner with community providers to assess who needs what level of supervision, and we will contract with local experts who are experienced in Arizona principles to provide that supervision and training, or with outside experts to support providers in learning and implementing specific treatment modalities.

d. Ensuring Adequate Clinical Supervision and Consultation – GSA 4

GREABHA recommends that all providers receive ongoing supervision as part of their routine clinical practice, and contractually requires providers to do so to maintain their licensure status or privileges. GREABHA will hold provider agencies accountable to sound supervision practices through the continuous quality improvement process of monitoring providers' supervision practices, giving them feedback, and engaging provider leadership to develop appropriate action plans for providers to improve their supervision practices. GREABHA also will offer training and technical assistance that will help provider agencies to improve their clinical supervision practices. GREABHA's Credentialing Department will using a Vistar provider database to maintain records to ensure that providers have received appropriate supervision to maintain their licensure or privileging status, such as privileges to function as a Clinical Liaison or to complete ADHS/DBHS-required assessments and service planning.

Monitoring Clinical Supervision of Network Providers

For GSA 4, GREABHA will monitor provider supervision practices through several means:

- Documentation of appropriate supervision for unlicensed behavioral health staff and ongoing training for licensed behavioral health professionals is part of initial credentialing and the three-year re-credentialing cycle
- GREABHA will track supervision and ongoing training of both licensed and non-licensed providers through a provider data tracking system. In line with the Arizona's expansion of covered services, GREABHA will sponsor training programs for behavioral health recipients, family members and non-licensed individuals who wish to become support providers. Provider training activities and supervision that are provided by GREABHA will be documented in GREABHA's provider data tracking system
- GREABHA's Provider Training and Assistance Team will conduct semi-monthly visits to each provider site, and Provider Training staff partner with leadership at each provider agency to identify training needs and gaps in supervision that interfere with providers' adherence to the Arizona principles
- GREABHA will maintain a roster of professionals who have completed the required training for clinical supervisors, and will match providers' reported supervision against this list to ensure that providers' supervisors are appropriately trained and credentialed to function in this supervisory role

Ensuring Providers' Adherence to Supervision Requirements

For GSA 4, GREABHA will ensure providers' adherence to appropriate supervision practices in the following ways:

- Contract requirements: GREABHA will contractually require that provider agencies follow good clinical supervision practices and make available adequate resources for supervision, as defined by the Arizona Board of Behavioral Health Examiners and Revised Statutes for behavioral health licensure.
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- Provider monitoring and feedback about supervision practices, including profiling provider agencies to compare their supervision practices to those of other provider agencies
- Financial incentives, in the form of a quality bonus to providers based on providers' use of best clinical practices, including appropriate supervision practices, when the root cause is determined to be agency non-adherence to the Arizona principles rather than a lack of skills or supervision resources

Increasing Opportunities for Supervision

For GSA 4, GREABHA will ensure that behavioral health staff are continuously trained in best practices and use them accordingly. GREABHA will also provide training on evidence-based practices, promising practices, and emerging practices. GREABHA will also train providers to ensure that they deliver services consistent with ADHS/DBHS Clinical Guidance documents. GREABHA will work collaboratively with provider agencies, behavioral health recipients, family members, ADHS/DBHS, and community stakeholders to identify topics on which providers require additional supervision and/or training, which may include:

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Many innovative clinical models (e.g., DBT, ACT, FFT) have ongoing team supervision and case conferences as a key model component, and GREABHA will incentivize providers to implement these treatment models in the recommended manner, including the team meeting and supervision components.

Meeting the Supervision Needs of Providers in Rural Areas

In line with the President's New Freedom Commission on Mental Health Report, GREABHA will work to improve access to quality care in rural areas

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e. Family Inclusion in Assessment and Service Planning

GREABHA embraces the Arizona principles, which state that "Behavioral health recipients, family members and other parties involved in the person's and family's lives are central and active participants in the assessment, service planning and delivery of behavioral health services and connection to natural supports." GREABHA further embraces a model for intake, assessment and service delivery that is strength-based, family friendly, culturally sensitive and clinically sound and supervised. This model is based on three equally important components:

- Input from the person and family/significant others regarding their special needs, strengths and preferences
- Input from other individuals who have integral relationships with the person
- Clinical expertise

GREABHA's ultimate goal is to empower consumers and family members to become their own advocates and to direct their own care

Each person receiving behavioral health services has a team. At a minimum, the team consists of the consumer, family members (when appropriate) and a qualified behavioral health clinician. Adults are encouraged to include family members and others who can be helpful in their recovery. This standard will be a requirement in provider contracts and all clinical training, supervision, coaching and mentoring will support this standard.

In addition to monitoring and improving provider performance, a critical component is training for behavioral health recipients and family members on how to be actively engaged in directing their own care. GREABHA supports ADHS/DBHS's goal of training and empowering family members and behavioral health recipients to be their own advocates, and to direct funds and re-design services to meet their individual goals.

Including family members in assessment and service planning includes developing individualized service plans that incorporate existing strengths and individualized goals for each child and adult. Based on the Report of the President's New Freedom Commission on Mental Health, it also includes involving behavioral health recipients and families fully in orienting the mental health system toward recovery, through avenues such as consumer- and family-run services, the use of family support partners as caregivers, and the development of peer support services that give behavioral health recipients and families the chance to share their experiences of recovery.

To these ends, GREABHA will ensure that families are included on the behavioral health recipient's treatment team, are empowered as the final decision-makers who direct the use of resources to achieve the family's goals, and are integral in implementing the Arizona principles to expand the scope of covered services and to re-design the behavioral health service delivery system.

To achieve this ultimate goal, GREABHA will take several concrete steps:

- Monitor treatment team composition to ensure that appropriate family members are included in the assessment process, the Strengths and Culture Discovery, and service planning, and give providers corrective feedback and assistance to help them follow the Arizona Models
- Ensure that providers and Clinical Liaisons have the knowledge and skill needed to engage family members and other significant social supports in the child and family process
- Inform and empower behavioral health recipients and their families to understand the expansion of covered services, community resources available, and their direct control over service plan goals
- Work with and train family members to develop family support partners, consumer- or family-run services, faith-based services, business-supported services such as supported employment opportunities, and other means to ensure family members direct care and provide services

- Behavioral health recipients and family members will be members of the executive team, the QMC, and other committees where decision-making about continuous quality improvement and re-designing the behavioral health service delivery system take place

Including Family Members on the Treatment Team

At the individual level, GREABHA will ensure that appropriate family members are included in the process of formulating behavioral health recipient and family driven service plans and participate in the ongoing process of care. Through staff training, provider training, and network development activities, GREABHA will:

- Monitor providers' inclusion of family members in assessment and service planning, as part of the continuous quality improvement process. GREABHA will audit provider charts and behavioral health recipient service plans to ensure that providers have the knowledge and skill to engage family members and other community supports in the assessment and service planning process in a way that is consistent with the ADHS/DBHS standards for family involvement.
- Take corrective action when providers do not include appropriate family members as part of the treatment team. Corrective actions will be designed in collaboration with executive leadership at each provider agency, and may include GREABHA-sponsored training, GREABHA-funded technical assistance to improve processes, incentives or sanctions to bring provider agencies into compliance, or individualized provider profiling reports to help providers compare their performance to community standards and ADHS/DBHS's expectations. To offer providers technical assistance, GREABHA will contract with The Southwest Network and META Services, which has successfully engaged family members in treatment teams in Arizona.

Training and Contracting With Family Support Partners

GREABHA will train and support family support partners and other community-based services that enable consumers and families to control their own care

At the policy and contracting level, GREABHA will:

- Work to develop community based services
- Train interested family members to become family support partners
- Actively contract with family support partners and consumer-run organizations to monitor and support recipients' service plans
- Offer technical assistance to providers to help them increase the percentage of behavioral health recipients who receive support services from members of their existing support system, and/or will directly contract with family support partners to provide covered services

The availability of funding for non-professional support staff (who assist with behavioral health care) is expected to increase family and support system members' willingness and availability to perform needed caregiving tasks for behavioral health recipients with serious and persistent mental illnesses, and increase the availability of community-based services and natural supports.

In-depth formal training will be provided to family or support system members who wish to have a role as caregivers for a behavioral health recipient with serious and persistent mental illness. These family or support system members will receive initial caregiver training, ongoing consultation for questions, training on managing crises, and assistance through scheduled respite care days to give the family or support system caregiver a day away from their ongoing responsibilities.

GREABHA will monitor family support partners' completion of required training and re-training activities to ensure that they are appropriately qualified to provide the services required by behavioral health recipients. GREABHA will work to develop community-based backup services that assist family support partners, such as in-home and out-of-home respite care and 24/7 emergency clinical consultation services.

f. Meeting Service Needs of Children in the Care of the State and Adopted Through the State

The Child and Family team will be responsible for ensuring that all children in the care and custody of the State, will be served in the most appropriate setting. The Child and Family team will also be responsible for determining a plan for eventually transitioning those children back into a community setting, whenever possible. GREABHA believes that families, no matter what the challenges, have strengths and the potential to "care for their own." Often, the essential roles of child welfare and the courts designed to protect children, are carried out in a manner without focusing on these strengths and opportunities for creative solutions for the child and the family.

GREABHA will collaborate with DES/CPS, and other agencies to ensure appropriate care for children with multi-system involvement, through Child and Family Teams

As part of the behavioral health system, GREABHA will play a crucial role in expanding the delivery of behavioral health services for children who are in the care and custody of the state and children who have been adopted through the state and are in the Adoption Subsidy Program will be met. Strategies to implement related Practice Improvement Protocols will help lay the foundation for the continued growth of a unified approach with CPS to better meet the needs of these children and their families. GREABHA is committed to working together with ADHS/DBHS and system partners to provide leadership for this initiative in Greater Arizona. One of GREABHA's strengths is the ability to provide a consistent approach across several GSAs and to provide real time data to support decision-making and quality improvement.

Plans for Collaboration with Child Protective Services (CPS)

GREABHA will work within the existing letter of agreement between ADHS/DBHS and the Department of Economic Security and Child Protective Services (DES/CPS), to collaboratively develop methods for assisting children with multi-agency, multi-system involvement who are in the care of the state.

GREABHA recognizes that most children involved with DES/CPS will have behavioral health needs related to the stresses that precipitated their care and custody while being transferred to the state or their adoption under the Adoption Subsidy Program. Because of this fact, the Governor's action plan for Arizona CPS reform calls for greater integration between CPS and the RBHAs to meet the needs of children in the care and custody of the State.

GREABHA is committed to working collaboratively with ADHS/DBHS and CPS to provide consistent leadership in the contracted GSAs to aggressively collaborate to implement the Governor's Action Plan for CPS Reform. GREABHA's Intergovernmental Liaison staff will be responsible for establishing and continuing to build close working relationships with the CPS District offices and staff, as well as building relationships with the Courts to jointly develop strategies to minimize trauma and provide support and treatment for children and families at risk of penetrating the system further.

Joint Initiatives on the Governor's Plan for CPS Reform

Consistent with Intergovernmental Agreements and Memorandum of Understandings already developed at the state level, GREABHA will work with local and regional DES/CPS representatives to fully implement the Arizona Children's Vision and Principles in Greater Arizona. These efforts will specify methods for working collaboratively on particular cases where a child has multi-system involvement, as well as ongoing processes and forums for discussion of system-wide quality improvement initiatives. Specific improvement initiatives will be developed collaboratively with DES/CPS staff, but we anticipate that they will include at least the following:

- Network development and community resource development activities to provide more in-home services and support services designed to reduce the chance of out-of-home placement (such as the in-home counseling services to be provided in all GSAs), including, for example, services that will be provided in some GSAs by Providence Corporation. GREABHA will also work to expand the role of community volunteers and non-traditional support service providers, including faith-based service organizations, consistent with the expansion of Title XIX/XXI services.
- Making it a priority to jointly explore ways to develop strategies with CPS to keep families together and to avoid, whenever possible, having children enter systems dependent upon out-of-home group placements and frequent, unnecessary transitions. Some potential strategies include assisting with "aggressive relative searches," in order to find extended family.
- Joint efforts to create capacity for both basic and therapeutic foster care can provide opportunities for children in CPS custody to be placed in a family setting, maintain connections to their community and school and work to develop consistent and supportive relationships with a surrogate family.
- Working with community providers to develop additional prevention services, especially services focused on reducing substance abuse and promoting family self-sufficiency to reduce the chance of children being removed from the home. An example of this type of service is the Arizona F.I.R.S.T. project in Maricopa County, which seeks to provide family-centered substance abuse treatment services and to provide wraparound support to treat the entire family. GREABHA's Provider Training and Assistance Team will disseminate this model to community provider agencies, and GREABHA will train providers in family-centered substance abuse treatment and assist providers to develop such services for families in Greater Arizona.
- Implementing the CPS 24 Hour Response protocols to ensure that children taken into CPS custody are assessed and enrolled in a timely manner, and that careful attention is given to meeting their unique needs. Currently, RBHAs are assessing the quality of a sample of 10% of the assessments performed, as part of the Governor's initiative for CPS reform. Through the capabilities of our centralized data information system, GREABHA will be able to provide ADHS/DBHS with up-to-date reports on the quality and completeness of 100% of the assessments performed in all GSAs served.
- Opportunities for co-location will be explored and maximized so that child welfare and behavioral health staff can create consistent protocols to guide their work and also develop close working relationships and a unified mission to guide their activities. Co-location of behavioral health professionals at CPS sites will also allow for more rapid and appropriate responses to the behavioral health needs of children with CPS involvement.
- Using GREABHA's centralized data repository and information available from any previous treatment records stored in this system, information about a child's family members or other support system members can be used as a resource in conducting relative searches, and

assisting CPS in securing kinship placements for children who must be placed out of their homes.

- Providing training to foster care providers, shelters, group homes, and CPS case managers on common behavioral health issues for children with CPS involvement, processes for referring a child to behavioral health services, the assessment and Strengths and Culture Discovery process, the Child and Family Team, and appropriate channels and procedures for issue resolution when there is a conflict between the RBHA or treatment provider and CPS or other entities that serve these children with multi-system involvement. Similarly, GREABHA will train RBHA staff members and community providers about the unique needs of children with CPS involvement, and processes for coordinating with CPS and other entities.

Plans for Collaboration with the Adoption Subsidy Program

Other staff in GREABHA's Intergovernmental Relations Liaison will work to develop collaborative relationships and joint initiatives with DES staff regarding children served through the Adoption Subsidy Program, and will coordinate with case managers at provider agencies to ensure that these children's needs are being met effectively by the multiple systems of care with which they are involved. Although specific initiatives will be developed jointly with DES, GREABHA anticipates that the following types of activities may be beneficial:

- Working with DES/CPS to mutually develop therapeutic foster placements as options to help children transition from a higher level of care to a more permanent placement
- Offering information to community providers about the unique behavioral health needs of children who have been adopted, such as training about attachment issues and PTSD
- Providing in-service training to DES staff and community-based training to adoptive parents about the behavioral health issues that may be faced by children who have been adopted, actions that adoptive parents can take to help their children, methods for accessing behavioral health care, and what to expect in behavioral health care for adopted children (the Child and Family Team process, the Strengths and Culture Discovery, etc.)
- Working with local provider agencies, opening networks, and directly training and contracting with non-licensed persons as community-based support service providers, to develop additional capacity in the contracted provider network to meet the specialized behavioral health needs of these children and their families

Promoting Successful Transitions to the Adult Care System

GREABHA recognizes that many children experience a disruption in care at the time they reach the age of majority and enter the adult care system. Children need assistance at this time for several reasons:

- First, they are no longer eligible under funding through the child system, and need assistance becoming eligible for services through the adult system. Because this sometimes takes time, transition planning must begin several months before the child turns 18. GREABHA will use our centralized data information system to proactively identify children who will turn 18, nine months, and again at six months, before their eighteenth birthday, and send a notice to their Clinical Liaison to begin transition planning.
- Second, some children who reach the age of majority experience a disruption in service because their change in eligibility or status leads to a change in service providers, which results in a lack of follow-through on the service plan. To help prevent this issue, GREABHA's centralized data information system will store key service plan information about all behavioral health recipients, and NurseWise peer-to-peer outreach staff will forward the behavioral health recipient's current service plan information (treatment team composition,

past treatment history and Clinical Liaison, and behavioral health recipient's goals) to the new treatment provider in order to promote continuity of care between the child and adult treatment systems. Where possible, GREABHA will contract with provider agencies that serve both children and adults, so that children can continue to receive services from the same provider or the same provider agency once they reach the age of majority.

- Third, children who reach the age of majority may choose to discontinue services, at least temporarily, once it is up to them whether to continue receiving service. Although this will always be an issue, GREABHA believes that targeted peer-to-peer outreach may assist in showing children the benefits of continued treatment once they reach the age of majority. When children are identified nine months, and again at six months, before their eighteenth birthday, GREABHA will also facilitate outreach to the youth by a peer-to-peer service (through NurseWise or a local provider agency).
    - A peer will outreach the youth to discuss his or her goals and objectives for the future, including his or her plans regarding continued behavioral health services.
    - The peer will assist the youth to articulate his or her personal goals in a "recovery planning" format if these goals are different from the current service plan goals from the Child and Family Team.
    - The youth's new goals will be noted in GREABHA's clinical information system and the peer outreach worker will offer the youth options for meeting their own goals.
    - GREABHA will train peer outreach workers in Motivational Interviewing principles and techniques, to provide a non-confrontational and supportive resource to re-engage youths into services consistent with their service plan as they transition from the child to the adult system of care.

Targeted Case Management for Children in Care of the State

GREABHA will facilitate the formation and empowerment of Child and Family Teams for each child with multi-system involvement by contracting with provider agencies and/or with NurseWise to offer focused case management for these at-risk children. An advantage of the NurseWise service is that, as a member of the Centene family of companies with an integrated IS platform and philosophy of care, NurseWise can use GREABHA's central information clearinghouse as a tracking tool to ensure that the service plan minimizes multiple placements and disruptions. In cases where a disruption has occurred, the NurseWise peer-to-peer outreach worker will contact the Child and Family team to assess the situation, provide the team with assistance in managing any current crisis, and help the Child and Family Team utilize all appropriate behavioral health services to correct any placement disruptions and to prevent further placement disruptions.

- In cases where a restrictive level of care is recommended by the service plan, the case manager conducts a follow-up assessment with the Child and Family Team to plan for transition to a less restrictive level of care, and to help the team develop interventions that will promote the child's independence, long-term stability in the community, and successful transition to adult life.
- In cases where service plan information is not complete, GREABHA will outreach the provider and/or use the NurseWise consumer outreach service to contact the family directly to obtain better background information on the child's and family's needs. GREABHA will also keep the CPS caseworker up to date regarding status and completeness of the Child and Family Team and the service plan.
- GREABHA will also monitor childrens' Child and Family Team membership using the centralized data information system, to ensure that representatives from CPS and other agencies with responsibility for children in the care of the State (e.g., Department of Developmental Disabilities, Department of Juvenile Corrections, Administrative Office of the

Courts) are included in those children's Child and Family Teams. Through ongoing monitoring and continuous quality improvement activities, GREABHA will ensure that the case manager/care coordinator collaborates with these other agencies' representatives to:

  - Help clarify the role of the team
  - Develop a common assessment of the child's strengths and needs
  - Develop an individualized service plan
  - Monitor implementation of the plan
  - Make adjustments in the plan if it is not succeeding

- GREABHA will monitor encounters in comparison to the child's individualized service plan to ensure quality in the ongoing services to the child, family, and temporary caretaker are being provided, and ensure that the Arizona principles are being followed. GREABHA will also contract with the NurseWise telephonic support program to follow up with the child and family directly and to ensure that ongoing services are:
  - Tailored to the child and family
  - Provided in the most appropriate setting in a timely fashion
  - In accordance with best practices, while respecting the child's and family's cultural heritage
  - Meeting the goals of aiding children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults.
- NurseWise will provide peer-to-peer support and case management to support the work of the Child and Family Team, to ensure that services are being delivered in a way that is consistent with the Arizona principles, and to assess outcomes and ensure that the child and family's goals are being met.
- As a support to the behavioral health recipient, Child and Family Team, and the Clinical Liaison, the NurseWise case manager will then use GREABHA's clinical system to track progress, by monitoring functional outcomes and the child's perspective on achieving their goals. GREABHA supports a case management process based on managing by data about the child's functional outcomes.
- The data used to guide case management decisions are focused on quality of life (QOL) outcomes involving appropriate functioning of the child in his or her community, achievement of goals, and prevention of placement or return to a community setting for children who have been placed. This method benchmarks success based on recovery and effective functioning, rather than based on traditional "quality of service" indicators such as consumer satisfaction.

g. Serving All Children and their Families through Child and Family Teams

The Role of Child and Family Teams

GREABHA is committed to the concept that Child and Family Teams set the goals for treatment, and consult with behavioral health providers in finding the best ways to achieve those goals

GREABHA will ensure that all children and their families receive behavioral health services that are coordinated through Child and Family Teams. The Arizona principles state that "respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes."

GREABHA is committed to the concept that each Child and Family Team sets its own goals for treatment, and that behavioral health professionals provide resources to help the Child and Family Team find the best ways of achieving those goals. GREABHA will ensure provider compliance with these standards and guidelines by:

- Monitoring provider services and treatment models
- Making available training activities and technical assistance from groups with expertise in implementing Child and Family Teams such as The Southwest Network
- Offering providers routine feedback about their adherence to the Arizona principles, and by financially incentivizing providers for successful implementation of the Arizona principles in their operations

The Clinical Pathways Approach

To ensure that the Arizona principles are fully implemented, GREABHA will implement a "clinical pathways" approach that meets the dual needs of individualized treatment and professional accountability. This model represents a re-modeling of the traditional MBHO paradigm, and is designed to achieve a "next level" advance in behavioral health care, rather than just incremental improvement. GREABHA will contract with NurseWise to provide direct behavioral health recipient outreach and support. This allows GREABHA to offer behavioral health recipients information about the Arizona principles and to empower them to meet their goals.

To ensure quality of care, GREABHA will also centrally monitor all behavioral health recipients' team membership, Clinical Liaison assignments, and service plans to ensure that treatment goals are based on the behavioral health recipient's goals and that behavioral health recipients are engaged in care that will help them to meet their goals. GREABHA's model is designed to empower Child and Family Teams to direct care and to allocate treatment resources, and has the following basic components:

- Engaging the Child and Family Team and Identifying Natural Supports: GREABHA will contract with NurseWise for telephonic outreach services. NurseWise will attempt to contact every behavioral health recipient, to verify the completeness of their service plan, treatment team or Child and Family Team composition, and current resources used. If a behavioral health recipient desires additional services to help him/her meet his/her goals, NurseWise will help to identify and access those services in the community. GREABHA will also conduct culturally appropriate outreach activities in local communities to reduce stigma associated with mental illness and to encourage participation in services by underserved groups. Both types of behavioral health recipient outreach efforts will focus on informing behavioral health recipients and their families about the Arizona principles, the goal of recovery, and the role of Child and Family Teams. By monitoring and verifying service plan information, GREABHA will

ensure that natural supports are identified through the Strengths and Culture Discovery, and that appropriate family members and others will be included when forming the Child and Family Team.

- Promoting Best Practices: The Child and Family team or treatment team will have ultimate responsibility for determining the direction of treatment and the interventions to be provided. GREABHA's outreach model stresses providing behavioral health recipients with available, research-based knowledge and guidance, allowing behavioral health recipients to choose what resources they believe will assist them most, and helping behavioral health recipients locate and connect with those resources. GREABHA recommends using available research and clinical evidence to identify available resources, including community-based services, peer-to-peer services, supported employment, housing, and other types of interventions. Behavioral health providers have the right to object to a service plan if they believe that the selected treatment is not in line with the Arizona principles. In these situations, GREABHA will contract with the NurseWise service to provide case management that works with the treatment team to resolve the discrepancy, ensures that the behavioral health recipient or Child and Family Team is in agreement with any services recommended, and helps behavioral health recipients access care from alternate providers if necessary.
- **Information Clearinghouse: GREABHA will maintain a centralized record of every behavioral health recipient's service plan and treatment team membership as a resource for the Child and Family Team.** GREABHA's Quality Improvement process will assess children's outcomes over time, evaluating the outcomes of treatment in terms of behavioral health recipients' success in independent functioning, based on data from the child and family's perspective. GREABHA will then assist providers in managing by outcomes, giving feedback to the provider on successes and opportunities for improvement, and making available resources for training and technical assistance. GREABHA's goal for network management and provider training is to use data from the continuous quality improvement process to identify barriers and opportunities, to train providers in the quality improvement process of "managing by outcomes," and to partner with providers and offer resources to help them offer services that meet the Child and Family Team's goals.
- Developing Community-Based Services: In some cases, specific needs may exist that are not met by current resources or systems of care. GREABHA will develop appropriate wrap-around supports and value-added services that are specific to the needs of Arizona's rural populations. GREABHA will draw on CBH's experience in partnering with existing systems of care, which will allow us to take advantage of current community strengths and treatment options, while at the same time working collaboratively to develop needed resources that may not exist at the local level. GREABHA will work to provide behavioral health recipients with a choice of providers within the community, by developing new treatment resources over time and by offering providers ongoing training to improve their clinical skills and offer new treatment modalities. GREABHA will develop or partner with provider organizations to develop needed treatment resources, such as Dialectical Behavior Therapy (DBT) and Assertive Community Treatment (ACT) programs, in areas where these do not yet exist. CBH has experience developing new treatment resources in other states. For example, in Texas, CBH is currently developing an innovative program to improve behavioral health recipients' access to behavioral health care and to reduce stigma, by contracting with Federally Qualified Health Centers (FQHCs) to provide behavioral health services in the primary care treatment setting.
- Continuing Consultation: GREABHA will rely on an ongoing dialogue between the provider, behavioral health recipient, and treatment team to determine how best to achieve the behavioral health recipient's treatment goals. GREABHA will then monitor and track the services provided according to the service plan. For behavioral health recipients who are considered at risk for negative outcomes (e.g., children in care of the State, or behavioral health recipients with a history of hospitalization), GREABHA will contract with the NurseWise

outreach service to contact the behavioral health recipient at key points in the process of care to assess progress and outcomes in terms of the behavioral health recipient's level of functioning. NurseWise peer-to-peer outreach workers and GREABHA's Provider Training and Assistance Team will also be available as a resource to help behavioral health recipients and providers mediate any difficulties encountered during the course of treatment, to help providers gain new treatment skills for the implementation of the Arizona principles, and to offer technical support to provider agencies for streamlining processes and improving both adherence to the Arizona principles and the outcomes of care.

- Provider Monitoring and Training: At the start of treatment, GREABHA will use its centralized data information system and direct outreach to the behavioral health recipient to:
    - Monitor team composition and service planning
    - Ensure that each child is served by a Child and Family Team
    - Ensure that the Child and Family Team includes appropriate family members, providers, and social supports, and that the service plan is designed to address the child's and family's goals.
    - Document information at periodic intervals when the service plan is reviewed and updated. At the time of each review, the NurseWise peer-to-peer service can provide outreach and assistance to help the team reformulate goals and interventions as necessary.

Finally, GREABHA's Quality Improvement process will evaluate the outcomes of treatment in terms of behavioral health recipients' success in independent functioning, based on data from the behavioral health recipient's perspective. GREABHA will then assist providers in managing by outcomes, giving feedback to the provider on successes and opportunities for improvement, and making available resources for training and technical assistance in cases where the provider requires help modifying his/her treatment practices to be consistent with the Arizona principles.

The Role of the Prescribing Clinician

Prescribing clinicians are included as members of the Child and Family Team whenever a behavioral health recipient is receiving psychotropic medication, and participate in team meetings as needed, either in person, telephonically, or by videoconference. In situations where medication is desired and/or recommended, the prescribing clinician is included in the Child and Family Team as an expert in medications, side effects, and interactions between psychotropic medications and other medications and/or chronic medical conditions. The NurseWise peer-to-peer outreach service will also provide behavioral health recipients and families with information on alternative medications or alternatives to medication, as requested and/or appropriate.

The prescribing clinician is given an equal voice with other members of the team, but does not direct the treatment team. In all cases, services must be tailored to the needs of the child and family. In situations where medication is not desired, but may be clinically beneficial, the prescribing clinician will be asked to inform the members of the Child and Family Team regarding the benefits and potential risks of medication, with the goal always being consensus among the team members about the appropriate course of treatment.

GREABHA believes that behavioral health conditions are functional disorders, which are only partially addressed through the traditional "medical model" of care, and that behavioral health recipients and their family members should be able to choose their own treatment solutions (within the limits allowed by laws designed to protect the physical safety of behavioral health behavioral health recipients and the general public). GREABHA believes that a behavioral health recipient (regardless of his/her diagnosis) is best served when he/she receives an intervention that he/she has chosen and endorsed, and that each behavioral health recipient must make informed decisions regarding the risks and benefits of medication.

h. Conducting Outreach and Engagement to Title XIX and Title XXI Eligible Persons

Community Outreach to Enroll Title XIX/XXI Eligible Persons

GREABHA's Field Member Outreach staff will conduct culturally and linguistically appropriate outreach activities, including peer-to-peer outreach, to inform persons about the availability of behavioral health services, and to enroll Title XIX and Title XXI eligible persons in care.

- GREABHA staff will participate in local health fairs or health promotion activities. CBH has experience partnering with Arizona school districts through its Academic Behavioral Accommodations (ABA)/ Desert Springs school-based behavioral health programs in Maricopa County.
- GREABHA staff will work with local school districts in each Service Area to inform staff and parents about the availability of services.

GREABHA will leverage CBH's experience in direct community outreach, including community partnerships with schools and health plans, to inform consumers how to access behavioral health care

- GREABHA will contractually require all its providers to have routine contact with AHCCCS Health Plan PCPs, and will monitor providers' compliance with this requirement.
- In each GSA, GREABHA will conduct direct in-person outreach activities to homeless persons through shelters and other agencies that serve the homeless, as well as using "snowball sampling" or word-of-mouth methods, in which members of the homeless community are asked to help identify and locate homeless persons who are not currently receiving services through these agencies (e.g., persons living under bridges, camping out, or living in cars who do not visit shelters or other agencies).
- GREABHA will also provide written information through mental health advocacy associations such as the Arizona Mental Health Association and National Alliance for the Mentally Ill (NAMI), describing how to enroll in Title XIX/XXI and/or how to access care.

GREABHA will leverage the successful experience of our parent company, Centene, in conducting in-person community outreach to at-risk persons: Centene's Texas Medicaid health plan employs and trains Latino/Latina community members as *Promotoras* who outreach Title XIX-eligible or potential Title XIX-eligible persons in their local communities to provide information about the benefits of health plan membership and preventive care. GREABHA will train medical staff in behavioral health issues and methods for accessing behavioral health care.

Partnerships to Engage At-Risk Persons in Care

Through our Intergovernmental Relations Liaison staff, GREABHA will conduct coordination activities with local and county jails, the Arizona Department of Corrections, the Arizona Department of Juvenile Corrections (ADJC), the Child Welfare Department, the Administrative Office of the Courts (AOC), the Arizona Department of Economic Security/Rehabilitative Services Administration (ADES/RSA), Child Protective Services (ADES/CPS), Division of Children, Youth, and Families (ADES/DCYF), and Division of Developmental Disabilities (ADES/DDD), the Arizona Department of Corrections (DOC), the Arizona Department of Housing, AHCCCS, and community-based groups that serve the needs of our behavioral health recipients, such as service agencies for pregnant and parenting substance abusing women, local police departments, emergency medical technicians (EMTs) and other first responders who may have contact with behavioral health behavioral health recipients. Together with these agencies and

departments, GREABHA will design outreach activities to identify and provide behavioral health information to under-served persons with:

- Co-occurring medical and behavioral health conditions
- Persons with co-occurring developmental disabilities and behavioral health conditions
- Those who may be seriously mentally ill within each GSA, including persons who reside in jails, homeless shelters, or other settings

GREABHA will partner with other organizations to implement focused activities that engage and retain specific at-risk populations in care

For these special populations, GREABHA will conduct outreach activities designed to inform the community about Title XIX/XXI eligibility, and will assist behavioral health recipients who are eligible for these programs to enroll. For persons who are Title XIX/XXI eligible or who can be served using non-Title XIX/XXI funding, GREABHA will assist persons with behavioral health needs to access care.

CBH has experience partnering with health plans and other organizations to conduct focused outreach to specific populations at risk for behavioral health conditions. In both Texas and Wisconsin, CBH has implemented a member education and outreach program focused on depression among pregnant and postpartum women. In this program, pregnant women are identified through health plan records. CBH then provides these behavioral health recipients with information regarding the frequency, symptoms, and nature of depression during and after pregnancy, based upon current research and clinical experience. Included with this information is an explanation of different treatment options available for depression during and after pregnancy, and contact information to help behavioral health recipients access behavioral health care, if so desired. As another option for accessing care, CBH also provides these behavioral health recipients with a self-scoring depression questionnaire that is appropriate for use during or after pregnancy. If a behavioral health recipient scores in the depressed range on this questionnaire, she can directly call CBH to access care (using a toll-free number provided on the questionnaire itself), or she can send the questionnaire back to CBH and receive an outreach call from the NurseWise peer-to-peer outreach service, who will assist her in accessing appropriate behavioral health services.

GREABHA will develop letters of agreement with AHCCCS health plans and other agencies that serve persons at high risk for behavioral health conditions, to design and implement similar screening and outreach programs in Arizona for persons with chronic medical conditions or persons who have other risk factors for behavioral health conditions (e.g., pregnancy, multiple emergency department visits, multiple prescriptions, etc).

Telephonic Outreach to New Consumers and At-Risk Persons

GREABHA will provide "welcome calls" to at-risk persons, using a service that has over 75% success in outreaching hard-to-engage, underserved Medicaid enrollees

NurseWise, part of the Centene family of companies, has expertise in making outreach efforts to contact underserved, hard-to-reach behavioral health recipients in the Medicaid population. GREABHA will contract with the NurseWise telephonic support service to offer peer-to-peer outreach for (a) all persons who are Title XIX/XXI eligible who access behavioral health services for the first time, and (b) any potential consumer identified through screening and community outreach activities, as described above, who may benefit from information about behavioral health services. The purpose of the "welcome call" from NurseWise is to inform behavioral health recipients and family members about the Arizona principles for behavioral health care, to help behavioral health recipients identify their needs and goals through a preliminary assessment that facilitates the later completion of a comprehensive Strengths and Culture Discovery and service plan, and to make behavioral health recipients and their family members aware of available behavioral health

services in their communities, including expanded support services such as consumer-run and community-based services.

As part of the contract with GREABHA, NurseWise will establish a local call center in Arizona to serve Arizona behavioral health recipients and to conduct peer-to-peer outreach. NurseWise's current contact rates for outreach calls to Medicaid behavioral health recipients are over 75% for behavioral health recipients with an available phone number. This high level of contact represents a significant improvement; at the end of 2003, successful contact rates were less than 50%. The increase was due to a variety of outreach methods implemented by NurseWise and represents a unique expertise.

To achieve the high rate of success in contacting behavioral health recipients, the NurseWise outreach staff developed new phone scripts and procedures, increasing the minimum required number of telephone outreach attempts from three to eight attempts per behavioral health recipient. All outreach attempts are documented as to date, day, time, and result. In the event that a behavioral health recipient is not reached, the call center staff vary call times over the day and across different days of the week in order to increase the chances of success on a subsequent attempt. The eight call attempts must be made on at least three different days of the week before an attempt is considered "unsuccessful." NurseWise also uses the TeleMatch service to verify and obtain phone numbers for behavioral health recipients for whom a valid phone number is not available from the State's data file.

In order to maximize the chances of reaching consumers at home, the call center staff makes outbound calls primarily during afternoon and evening hours, with follow-up calls made on weekend days if weekday attempts are unsuccessful. If a confidential message can be left, call center staff leave a toll-free number where behavioral health recipients can call them back at any time of the day or night. If all contact attempts are exhausted, NurseWise follows up with a call to the treatment provider and/or a letter to the behavioral health recipient, attempting to obtain a valid telephone number so that the welcome call can be completed. Even in the event that an outreach attempt is "unsuccessful," NurseWise staff flag the behavioral health recipient's record in GREABHA's clinical database, so that if the behavioral health recipient initiates contact with the behavioral health system at any future point in time, the initial welcome call process and behavioral health recipient orientation can be completed while the behavioral health recipient is still on the phone.

Additional NurseWise Outreach Methods

If a phone number is not available or functional, NurseWise will mail the behavioral health recipient a postcard within ten days of enrollment, in order to inform him/her about the NurseWise peer-to-peer outreach program and to explain some of the program features. The newly enrolled behavioral health recipient is offered an incentive to contact the outreach program within three days of receiving the postcard. In Arizona, the incentive will be designed to support self-care (such as, a weekly pill box, or similar self-care health tools and approved by ADHS/DBHS before use.

The function of the initial postcard mailing will be to:

- Prepare the behavioral health recipient to receive the information about the program
- Motivate the newly enrolled behavioral health recipient to make the initial call to the peer-to-peer outreach program
- Identify "bad addresses" to assist in refining the communications outreach strategy for any given behavioral health recipient. If neither the phone number nor the address is valid, the peer-to-peer outreach worker will contact the behavioral health recipient's current treatment provider (if one can be identified) to obtain additional contact information. These additional interventions are expected to further improve the contact rate, even in cases where behavioral health recipient phone numbers are not initially available.

If a behavioral health recipient cannot be reached after all of these methods have been exhausted, NurseWise will enter a note to that effect into GREABHA's clinical database system. If the behavioral health recipient contacts GREABHA at any time in the future for help in accessing services, (including calling the NurseWise program or the GREABHA Customer Services department for questions regarding benefits or services) the after-hours or clinical triage service, for information or assistance related to the behavioral health recipient's ccare needs, GREABHA staff will be alerted to the fact that the initial assessment screening (do search and change) has not been completed. At this point, GREABHA's staff will ask the behavioral health recipient if he/she is willing to speak with a peer-to-peer outreach worker for more information about the Arizona principles and to receive referrals, support, and other resources to ensure appropriate care.

Retention Calls to Behavioral Health Recipients Whose Eligibility is Expiring

To ensure that behavioral health recipients remain in treatment, GREABHA will conduct proactive "member retention calls" whenever a behavioral health recipient's eligibility is in danger of lapsing. This successful model, piloted by NurseWise in collaboration with Centene's New Jersey health plan, involves identifying medicaid recipients whose eligibility is about to lapse based on termination dates received in state eligibility files, and then calling those behavioral health recipients 60-90 days before their eligibility lapses to assist them in re-enrolling if necessary or drafting a transition plan if the behavioral health recipient will be receiving services through a different behavioral health organization in the future. GREABHA will use pre-programmed data queries to flag a list of Medicaid members whose eligibility is on the verge of expiring. This list will then be provided to NurseWise. Using the methods described above, NurseWise will successfully outreach a high percentage of these behavioral health recipients to remind them of the need for re-enrollment if they still require services.

GREABHA will proactively conduct retention calls to consumers who otherwise may lose their eligibility and experience an interruption in care

Through CBH's experience, GREABHA has concluded that most lapses in eligibility are due to a failure to complete the appropriate paperwork. GREABHA will assist behavioral health recipients in completing required forms in order to maintain their eligibility, which will prevent any unnecessary interruption in care.

This call also provides an opportunity to assess the behavioral health recipient's perspective on his/her current Quality Of Life (QOL) and other outcomes of treatment, to provide the behavioral health recipient with additional information about the Arizona principles, and to provide referrals to additional community-based treatment resources if necessary. All information gathered through outreach and retention calls is stored in GREABHA's centralized data repository, and becomes part of the data that are analyzed through the continuous quality improvement process and that are available for provider profiling and feedback reports.

If a behavioral health recipient reports that the upcoming lapse in their eligibility is for an appropriate reason (e.g., behavioral health recipient is now employed and eligible for private insurance coverage), the NurseWise Telephonic Consumer Outreach Representative will assist the behavioral health recipient in any necessary transition planning, and, with the behavioral health recipient's consent, will forward the behavioral health recipient's information from GREABHA's centralized data information system to the behavioral health recipient's new treatment provider(s) to ensure continuity of care. GREABHA will retain the behavioral health recipient's information indefinitely, so that if the behavioral health recipient re-enters the system of care at some future time, his/her treatment team/Child and Family Team and treatment plan information is still on file and can be updated to reflect the behavioral health recipient's new life situation and personal goals.

i. Meeting the Needs of Individuals in the Criminal Justice System

Partnering with the Criminal Justice System to Identify Needs and Develop Programs

The starting point for effective services to behavioral health recipients involved in the criminal justice system is effective partnership and collaboration with agencies that serve these enrollees. GREABHA will develop letters of agreement with the Arizona Department of Corrections (ADOC), the Arizona Department of Juvenile Corrections (ADJC), and the Administrative Office of the Courts (AOC), as well as with local police departments and other first responders, to collaboratively develop methods for assisting persons with behavioral health needs who have multi-agency involvement with the behavioral health care and criminal justice systems. GREABHA recognizes that behavioral health conditions, including substance abuse, are much more frequent in correctional settings than in the general population.

Through GREABHA's Intergovernmental Relations Department, we are committed to working collaboratively with ADOC, ADJS, AOC, local police departments, local judges and courts, and other agencies that interact with forensic populations, to jointly identify and address the behavioral health needs of these persons with criminal justice system involvement. To facilitate the development of joint initiatives and setting priorities that address the needs of both systems, leadership from these agencies will be asked to participate on GREABHA's Community Advisory Councils. Although specific initiatives and programs will be designed in partnership with these entities, we anticipate that programs to serve behavioral health recipients in the criminal justice system may include some or all of initiatives described in the remainder of this section.

Training Behavioral Health Providers on Correctional Issues

Behavioral health service providers and members of the correctional community are sometimes at odds because they perceive themselves to have different goals (i.e., recovery versus punishment). However, at the most basic level, members of both groups are engaged in human service professions. As part of the process of building collaborative relationships with local police departments (including police departments on reservations), courts, and statewide criminal justice agencies, GREABHA will facilitate forums for members of the correctional community to meet with behavioral health providers and vice versa. The goal of these forums will be to assist each group in understanding the other group's philosophy, policies, and procedures, to build common ground, to improve the integration of behavioral health services into the criminal justice system, and to improve behavioral health providers' ability to support the goals and requirements of the criminal justice system. Behavioral health recipients will also be included as participants in these training forums, to share their perspective and experiences with the behavioral health system, the criminal justice system, and areas of overlap between the two.

In cases where a behavioral health recipient has multi-system involvement, it is also appropriate to include police officers or other correctional staff as members of a behavioral health recipient's treatment team. GREABHA will partner with local police departments to train police officers about this role, and to solicit their help and participation in service planning to meet the individual needs of behavioral health behavioral health recipients who have criminal justice system involvement.

In addition to general training on correctional issues and ADOC, ADJS, and AOC policies and procedures, GREABHA will sponsor provider training on specific treatment modalities designed for use with a forensic population. For example, GREABHA will support the use of innovative treatment modalities such as Forensic Assertive Community Treatment (FACT) to assist behavioral health recipients with serious and persistent mental illness who are released from the criminal justice system. GREABHA will hire outside experts to offer training programs for

providers who wish to offer FACT programs, and will encourage and assist behavioral health recipients to enroll in these programs.

One advantage of FACT programs is that they work closely with the criminal justice system to outreach behavioral health recipients and engage them in treatment from the time that they are first released from an institutional setting. This allows the FACT team clinicians to form a relationship with the behavioral health recipient when he/she is first released, in order to prevent problems or lapses in treatment, which are common following release. Furthermore, the FACT clinician helps behavioral health recipients to identify potential problems (such as possible temptations to relapse into substance abuse) and to conduct "relapse prevention" interventions before such problems occur.

Training Police Officers and Other First Responders

GREABHA will work with local police to identify ways to enhance their understanding of the needs of behavioral health recipients, and to identify specific techniques and procedures that may be useful in de-escalating crisis situations where a police officer may interact with a behavioral health recipient. Police Officers may not have adequate training in the management of mentally ill individuals, but are often the first responders when a mentally ill person is in crisis. In these situations, tragic consequences can result. With appropriate training, first responders may be able to take steps to de-escalate a crisis situation with a behavioral health recipient, in order to prevent loss of life or other serious consequences. GREABHA will partner with local police departments to determine what other first responders (such as EMTs) should be included in these trainings.

Training programs' content will be customized to the needs identified in collaboration with local police departments, but will likely involve providing police officers with Crisis Intervention Training (CIT). CBH currently trains all staff members in CIT at Academic Behavioral Accommodations (ABA), which serves Medicaid-enrolled emotionally/ behaviorally challenged and learning disabled children and adolescents in Maricopa County. CIT teaches first responders to identify situations where a person may have behavioral health needs, and provides concrete steps and strategies for de-escalating situations where a behavioral health recipient is in crisis or is behaving in a usual way. This CIT approach is intended to reduce the chances that a behavioral health recipient will behave violently or that officers will use lethal force, to prevent tragic and potentially unnecessary situations where behavioral health recipients or officers are harmed. CIT training also includes training officers and other first responders regarding available behavioral health resources and how to access those resources. It also includes informing officers about services such as case management or crisis services, as an alternative to jail for behavioral health recipients in an acute behavioral health or substance-related crisis.

Developing Jail Diversion Programs

GREABHA will partner with courts, ADOC, ADJC, AOC, and community behavioral health providers to develop jail diversion programs in each GSA. Jail Diversion programs are designed to be an alternative to incarceration that courts can use in their sentencing decisions. The concept is that a convicted offender is guilty of charges, but that the offense is strongly related to a mental health or substance abuse condition that may benefit from treatment. If the offender successfully completes the diversion program to resolve the mental health or substance abuse condition, charges are dropped. To successfully implement a Jail Diversion program, GREABHA's Intergovernmental Relations staff will meet with local courts to identify situations where such a program may be beneficial, and GREABHA's Provider Relations staff will outreach and provide technical assistance to local provider agencies to develop new jail diversion programs in each GSA.

Correctional Officer/Offender Liaison (COOL) Program Oversight

GREABHA's Intergovernmental Relations Department will also provide oversight of the Correctional Officer/Offender Liaison (COOL) Program. The COOL Program serves the

substance abuse and behavioral health needs of high-risk offenders from the Arizona Department of Corrections (ADOC). The COOL Program provides designated staff and additional funding to support offenders requiring treatment and support services in the community. GREABHA will employ a COOL Program Liaison, and will fund offender treatment and offender housing programs through community provider agencies, based on the funds available each fiscal year. These staff will coordinate service referrals and appropriate service placements of offenders with ADOC parole officers, as outlined in the ADHS/DBHS Provider Manual.

GREABHA will track behavioral health recipients served through the COOL Program, as well as:

- The service referrals and service placements they have received
- Treatment team membership, including correctional system members, case managers, family members or other natural supports, and other behavioral health service providers
- Outcomes of treatment, including improved behavioral health recipient functioning and quality of life (QOL)

This information will be recorded in GREABHA's centralized data warehouse for clinical data tracking. GREABHA will use the same data storage system to track submissions of attendance verification and non-compliance with treatment reports, and to submit quarterly reports and housing referral data to DHS. GREABHA will also use this system to maintain a current roster of all offender referrals, placements, housing services, and case status, including individuals who are re-incarcerated.

Targeted Case Management for Behavioral Health Recipients' Individual Needs

Once a behavioral health recipient is involved with the criminal justice system and is identified as having behavioral health needs, behavioral health case management is often appropriate to help the behavioral health recipient navigate the requirements of multiple systems and pursue his or her goals for wellness and recovery within the structure of the correctional system. GREABHA will contract with NurseWise to provide case management and/or with community provider agencies to outreach behavioral health recipients and to assist them with the complexities of multi-system involvement. Case management will ensure that behavioral health recipients receive any needed treatment for ongoing mental health and substance abuse issues, and will also address the multiple issues that may impact behavioral health recipients' mental health and their risk of recidivism, such as obtaining housing, returning to work or meaningful daily activity, and having an adequate income. Case managers may also attend court hearings with the behavioral health recipient when necessary, to update the court on progress and advocate for the behavioral health recipient's behavioral health service needs.

j. Service Delivery for Individuals with Substance Abuse Disorders

Ensuring Appropriate Treatment of Substance Abuse

Incorporating the philosophy of motivational interviewing, GREABHA will work with providers to ensure community-based substance abuse treatment services that are designed to reduce the intensity, severity and duration of substance use and the number of relapse events, including:

- Services that support behavioral health recipients' recovery through ongoing monitoring, feedback and re-engagement into treatment based on the behavioral health recipient's changing needs over time
- Services that treat the family as a unit and that include the family in the treatment process
- Services that include assessment for co-occurring mental health conditions and physical disabilities or diseases
- Services that include, as appropriate, a focus on returning the individual to the workforce or meaningful daily activity
- Services that provide physician oversight of medical treatments (e.g., methadone, medications, and detoxification), to ensure that services are rehabilitative in focus and directed to long-term recovery management
- Services that ensure coordination and continuity between behavioral health service providers and natural supports
- Services that are delivered by staff competent to assess and treat substance use disorders in individuals and families

GREABHA's approach to ensuring appropriate services involves (a) monitoring and incentivizing existing providers to ensure that substance abuse services are conducted in a way consistent with the above principles, and (b) working to develop new community-based support services that meet the needs of behavioral health recipients with substance abuse, including community-based services such as AA and NA groups and transportation for behavioral health recipients to attend AA and NA meetings.

Monitoring and Improving Providers' Performance

As noted in Section B, GREABHA will ensure providers' adherence to ADHS/DBHS's requirements, including requirements for the appropriate treatment of substance abuse, through four mechanisms:

- Contract requirements, which include the requirement to assess all behavioral health behavioral health recipients for co-occurring substance abuse disorders and the requirement to coordinate treatment with medical professionals who are involved in the behavioral health recipient's care
- Initial and ongoing training for provider agencies. Training will be tied to monthly audits and ongoing collaboration with provider agency leadership to identify training needs. It is expected that training will include training on screening for substance abuse disorders in behavioral health care and training in Motivational Interviewing techniques (see below)
- Provider monitoring and feedback that is focused on monitoring behavioral health recipients' functional outcomes and ensuring that behavioral health recipients are served in a way that helps them to meet their individualized treatment plan goals

- Financial incentives, in the form of a quality bonus to providers based on their adherence to best practices (e.g., screening for substance abuse disorders and coordinating with medical providers) and on their demonstrated results helping behavioral health recipients to achieve their service plan goals

Motivational Interviewing Training for Providers

GREABHA will work with community providers to develop additional treatment options designed to address substance use conditions. For example, GREABHA will sponsor provider workshops to train providers in Motivational Interviewing techniques. Motivational Interviewing, which was developed by Dr. William R. Miller of the University of New Mexico specifically for changing addictive behaviors, is tied to the popular "stages of change" model developed by Dr. James Prochaska, and is the only available intervention specifically designed for use with persons in the common "precontemplation" stage who do not believe they have a substance abuse problem. Motivational Interviewing teaches a way of interacting with patients that is radically different from the traditional "disease" model of addictions. Motivational interviewing teaches counselors to regard every patient as being ambivalent about change, whether the patient is currently abstinent or using alcohol and drugs every day.

GREABHA will draw on CBH's experience in training staff to use Motivational Interviewing principles that help consumers achieve successful recovery

Skillful attention to both sides of the patient's ambivalence helps to build patients' own motivation for change, and can be accomplished in a very brief period of time. Motivational Interviewing also trains counselors to avoid common "traps" that result from a medical model, such as trying to act as an expert who can "fix" the patient's behavior, labeling or blaming the patient for being noncompliant, or "taking sides" by acting exclusively as a cheerleader for change but not acknowledging the patient's ambivalence. Motivational Interviewing interventions have been proven efficacious in several large-scale clinical trials with various addictive behaviors, such as tobacco use, alcohol abuse, and cocaine abuse.

Through Centene, CBH has experience training staff in Motivational Interviewing principles. NurseWise routinely trains staff nurses to use Motivational Interviewing techniques when assisting behavioral health recipients with health behavior changes.

Developing New Community Resources

The other major focus of GREABHA's strategy for providing appropriate services is to collaborate with community providers, train behavioral health recipients and family members as providers of support services, and conduct community development efforts to increase behavioral health recipients' choice of treatment options. In the area of substance abuse, GREABHA will endeavor to develop services such as:

- Detoxification services, by opening the network in rural areas to urban-based providers that wish to expand into these areas
- Non-inpatient detoxification services, such as outpatient detoxification and "accudetox" using acupuncture techniques
- Case management for pregnant and parenting substance abusers, helping them to address issues such as childcare, diapers, housing, and jobs, assisting them to enlist natural supports
- Collaboration with medical providers to outreach substance abusers through needle exchange programs for intravenous drug users

Pharmacological management of substance abuse, including aversion treatments (e.g., Naltrexone) and replacement treatments (e.g., methadone maintenance). In some studies, these treatments have been enhanced by coupling them with a psychosocial intervention (e.g., rewards to enhance compliance with methadone maintenance). GREABHA supports the use of

treatment modalities that have demonstrated effectiveness in populations, such as heroin or cocaine addictions, and will work with community providers to develop or enhance research-supported pharmacological approaches.

Home- and family-based support services, following the model of the Arizona F.I.R.S.T. project in Maricopa County. GREABHA will work with provider agencies to develop family-centered substance abuse treatment services and wraparound support to treat the entire family, with training support and technical assistance from GREABHA.

Train and support behavioral health recipients in creating community support groups such as AA, NA and Dual Recovery

Developing Specialized Services for High-Risk Populations

GREABHA will also work with local provider agencies to identify and develop programs that will be helpful to behavioral health recipients in specific high-risk populations, such as the following:

- Pregnant and Parenting Substance Abusers: Pregnant and parenting substance abuse require special services because of the interaction between their individual issue (substance abuse) and the needs of their child/children. Although pregnant women with substance abuse are clearly at risk for negative birth outcomes, and parenting substance abusers are at increased risk for family problems, children may also represent a coping resource for at-risk mothers — i.e., some women report being more able to abstain from substance use for the sake of their family. Therefore, attention to family or childcare issues is an important aspect of treatment for these behavioral health recipients. In Texas, CBH partners with community mental health centers to offer parenting and life skills training to pregnant and parenting substance abusers. Case management to assist with housing, employment, and childcare issues is often helpful to pregnant and parenting substance abuse. CBH also facilitates connections between pregnant and parenting substance abuse and community supports such as AA or NA groups.

- Adults with Co-occurring Substance Abuse and Mental Illness: Adults with a substance use condition are almost three times as likely to have a serious mental illness (20.4%) as those who did not have a substance use condition (7%), but only 11.8% receive both mental health and substance abuse services (SAMHSA, 2002). In Texas, CBH contracts with community mental health centers to offer specialized groups and case management services that are targeted to the unique needs of persons with co-occurring substance abuse and serious and persistent mental illness. These services are designed to help behavioral health recipients function in the community, manage their symptoms, and prevent substance abuse relapse.

k. Ensuring Best Practices

Evidence-Based Practices

GREABHA believes that behavioral health services should be delivered by providers who are competent, adequately trained, and supervised, in accordance with evidence-based "best practices." GREABHA defines best practices to include evidence-based practices from randomized clinical research trials, promising practices that have some clinical evidence for their effectiveness, or emerging practices that are considered to represent advances over presently available treatment options in the community. In accordance with ADHS/DBHS's guidelines for Evidence-Based Practice (Practice Improvement Protocol #11), GREABHA supports the following list (all of which are currently supported by CBH):

- Assertive Community Treatment (ACT)
- Multi-Systemic Family Therapy (MFT)
- Functional Family Therapy
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing
- Cognitive Behavior Therapy
- Supported Employment
- Independent Housing with Supports
- Family Psychoeducation
- Supportive Housing
- Therapeutic Foster Care
- Relapse Prevention
- Brief Intervention for Alcohol Abuse/Dependence
- Family Systems Therapy
- Solution-Focused Brief Therapy
- Multi-dimensional Family Therapy for Adolescents
- Emotionally Focused Therapy
- Community Reinforcement Approach
- Behavioral Marital Therapy
- Motivational Enhancement Therapy
- Social Skills Training
- Naltrexone
- Opiate Replacement Therapies
- Behavior Contracting
- Texas Medication Algorithm
- Wrap-around Service

In addition to these treatment modalities, GREABHA will support the following additional evidence-based treatment practices (all of which are currently supported by CBH):

- Forensic Assertive Community Treatment (FACT)
- Individual Placement and Support (IPS) model for supported employment
- Behavioral Family Therapy
- Integrative Behavioral Couple Therapy
- Acceptance and Commitment Cognitive Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Exposure Therapy
- Family Training for Serious & Persistent Mental Illnesses

Balanced Approach to Evidence-Based Practices

GREABHA believes that evidence-based practices should not be automatically and uniformly applied; rather, they should be applied as a balance of the best science-based evidence, the skill and judgment of behavioral health professionals, and the unique needs, concerns, and

preferences of the person receiving services. "Best practices" are often defined by MBHOs as Empirically Supported Treatments (ESTs), which are treatments supported in large-scale academic trials comparing treatment and control groups. However, prescriptive use of ESTs does not match the requirement of individualized treatment in the spirit of the Arizona principles. Rather, ESTs prescribe standard interventions for all behavioral health recipients, basing treatment decisions on what has been found to work the *majority* of the time for the *average* behavioral health recipient. Due to the nature of clinical trials research, with conclusions based on average improvement scores for groups of people, ESTs, as they are commonly defined, tend to emphasize similarities across all behavioral health recipients, rather than the unique factors that are important in tailoring interventions for each individual behavioral health recipient.

GREABHA's balanced approach to evidence-based care promotes practices that are effective and targeted to the needs of the individual consumer

Although ESTs are an industry standard for MBHOs, GREABHA believes they may not be the ideal way to define "best practices." The literature on ESTs convincingly shows that mental health treatment "works" (Asay & Lambert, 1999); these between-group findings say little about what should be recommended for any specific behavioral health recipient, or what results any individual can expect. In addition, there is no strong evidence that any particular type of treatment is better than any other, even in terms of between-group averages. Psychotherapy, medication, and the combination of the two, are equally efficacious for depression. Interpersonal, cognitive-behavioral, and emotion-focused therapies are equally efficacious. For example, both medication and behavioral parent training can be used to treat ADHD. Research literature suggests a few factors for matching behavioral health recipients to treatments (e.g., behavioral health recipients with religious beliefs may do better in AA groups); however, these findings are few and far between, with many more studies showing no correlations between behavioral health recipient characteristics and treatment outcomes.

In addition to this lack of specificity regarding treatment effectiveness, research shows that behavioral health recipients are more likely to improve when they are not burdened with any particular theory regarding the cause of their problems, and are instead asked to generate solutions of their own choosing (Cook, 2000). Furthermore, any improvements achieved in psychotherapy are more likely to be long-lasting when behavioral health recipients attribute change to their own efforts (Lambert & Bergin, 1994). Based on this literature, it has been suggested that adopting the "client's theory of change" (Hubble, Duncan, & Miller, 1999) is most likely to result in the selection of a treatment modality that achieves successful results for the individual behavioral health recipient.

The Clinical Pathways Approach

GREABHA will implement a "clinical pathways" approach to best practices in Arizona, which respects behavioral health recipients' needs for individualized treatment, and which also promotes best practices and professional accountability. This model represents a re-modeling of the traditional MBHO paradigm, and is designed to achieve a "next level" advance in mental health care, rather than just incremental improvement. GREABHA supports the concept that research-based treatments should be available to behavioral health recipients. However, GREABHA will not seek to impose particular treatments or to limit behavioral health recipients' options. To achieve the goal of individualized treatment, GREABHA's practice guidelines will focus on (a) informing behavioral health recipients and families about available treatment options and the relevant research, and (b) assisting providers in "management by outcomes" to achieve behavioral health recipients' goals.

- Direct Outreach to Behavioral Health Recipients: GREABHA will contract with the NurseWise service to outreach every new recipient of behavioral health services at the point of entry into the system of care. At the time of this first contact, this peer-to-peer outreach service informs behavioral health recipients about the Arizona principles for individualized treatment, describes service alternatives that are available in the behavioral health recipient's local

community, and shares information with behavioral health recipients about research suggesting that particular approaches may be helpful. In cases where information is available to suggest that a particular treatment approach is especially helpful to behavioral health recipients who match specific characteristics, (e.g., behavioral health recipients from a particular cultural group), that information will be provided to the behavioral health recipient as well. In all cases, behavioral health recipients will be free to select treatment modalities in collaboration with their treatment team or Child and Family Team. When behavioral health recipients are already engaged in treatment, NurseWise verifies that the Strengths and Culture Discovery has been completed and that all information is up to date in GREABHA's clinical database. If necessary, the peer outreach service will provide additional referral and support resources to meet the behavioral health recipient's needs based on the treatment plan. GREABHA will also provide a consumer newsletter that gives updated information about evidence-based approaches to care and community service resources available.

- Management by Outcomes: GREABHA is committed to demonstrating treatment effectiveness and accountability for the use of health care resources. The alignment of these concepts with a fully individualized approach to treatment comes through a "clinical pathways" approach to care. Each behavioral health recipient's individualized treatment plan will include decision points where progress is evaluated. For example, in large-scale studies, "clients reporting no improvement by the third session on average showed no improvement over the entire course of treatment" (Brown, Dreis, & Nace, 1999). GREABHA's clinical practice guidelines recommend that if a particular behavioral health recipient does not show improvement on agreed-upon goals at specified points in time, the planning process will resume, and the behavioral health recipient will again be consulted regarding his/her goals, milestones, and the use of various available treatment modalities. GREABHA will coach providers on the Arizona principles when desired outcomes are not achieved.

In addition, GREABHA will monitor prescribing providers' adherence to psychotropic medication monitoring guidelines, as described in Section 3.15 of the ADHS/DBHS Provider Manual (e.g., administering the AIMS measure at least annually for behavioral health recipients taking antipsychotic medications, obtaining blood levels, liver function tests and CBC at least annually for behavioral health recipients taking anticonvulsant medications for mood stabilization, etc.). Providers will be given routine feedback regarding their individual clinical results, by comparing behavioral health recipients' progress and service utilization in terms of their individualized treatment plans at various points in the courses of treatment. GREABHA will work with behavioral health recipients to assess their progress in terms of behavioral health recipient-reported functional outcomes, and will encourage behavioral health recipients to modify treatment plans and to seek additional resources when so desired.

l. Case Scenarios

1. Case Scenario 1: Beatrice

A major gap in the current behavioral health service delivery system is that many behavioral health recipients drop out of care, and these behavioral health recipients may not be known or identified in any systematic way by the RBHA. In this case, Beatrice had determined that her current services were not meeting her needs, but unfortunately had not communicated her changing needs and goals to her Clinical Liaison or the RBHA. Therefore, the goal of the behavioral health system was to re-engage her and re-design services to help her achieve meaningful objectives such as employment and successful functioning in her community. Under the current system of care, Beatrice would still be likely to "fall through the cracks" of the system—the provider might attempt to outreach her, but receiving no response, would be likely to close the case. A recent review of services in Maricopa County found that the system of care often failed to help behavioral health recipients achieve their goals, by essentially ignoring them.

Under GREABHA's system, Beatrice's Clinical Liaison made a total of six attempts to outreach her by phone and by mail, following an outreach model that GREABHA recently provided training on at a semi-monthly training session at the Clinical Liaison's office. The Clinical Liaison suspected that Beatrice was deliberately avoiding her, given that she had told her mother she no longer wished to see the Clinical Liaison. Therefore, the Clinical Liaison called GREABHA to access additional support for re-engaging Beatrice in care. It should be noted that the Clinical Liaison in this case showed unconditional commitment to Beatrice, even though she had already indicated that she no longer wished to participate in services; this dedication was made more likely based on GREABHA's training and on the fact that GREABHA had recently helped three additional staff at the provider agency to become credentialed, thereby reducing case loads for each Clinical Liaison to a more manageable level. However, even if the Clinical Liaison had not been so dedicated, the gap in services would have been noted by GREABHA based on:

- Chart audits at the Clinical Liaison's center
- A gap in Beatrice's prescription refills identified through pharmacy data
- Or a gap in services identified by encounter data, as compared to Beatrice's service plan stored in GREABHA's centralized clinical database.

Once a gap in services was identified, GREABHA's staff made a referral to the NurseWise peer-to-peer outreach service. The NurseWise service noted that there was a release on file to speak with Beatrice's mother—during initial service planning, the NurseWise service had tracked Beatrice's team membership and important collaterals such as her mother, and had ensured that there was a release to speak with each of them. The NurseWise service therefore outreached Beatrice's mother. Although Beatrice's mother does not speak English, the NurseWise outreach worker was able to speak with her through a translator, and heard about Beatrice's recent history. Beatrice's mother also noted Beatrice's recent dissatisfaction with the services she was receiving. Beatrice had said the services weren't helping her, that she disliked going to the mental health center each week, and that she no longer needed medication. The outreach worker noted this feedback in GREABHA's centralized data information system, so that it could be incorporated into future analysis and planning by GREABHA's Provider Training and Assistance Team. Based on this feedback, the Provider Training and Assistance Team might consider offering technical assistance to the mental health center to develop a more welcoming environment, as well as greater collaboration with family members so that they can help professional staff identify warning symptoms of symptom recurrence and get crisis services to prevent interruptions in care. The NurseWise service's use of translation was also noted, as one of the quality improvement indicators that GREABHA's Quality Management Committee uses to determine whether staff should be added who are native speakers of various languages.

In the meantime, the NurseWise service spoke with Beatrice's mother about a peer-to-peer outreach service that recently began operating on the reservation, with GREABHA's assistance for start-up funding, staff recruitment, and training from META, an organization with experience in recovery-focused services for adults with serious and persistent mental illness. Beatrice's mother agreed to help the peer-to-peer outreach service be successful in speaking with Beatrice, and NurseWise initiated a three-way call with Beatrice's mother and the new service provider to set up a time. Later that afternoon, the peer-to-peer service provider came to Beatrice's home, where Beatrice and her mother were waiting. The service provider was a member of the same Native American group and was able to interact with Beatrice in her preferred language. Beatrice was somewhat disoriented and tangential in her speech, but the service provider was able to connect with Beatrice by asking her to talk about her frustration with the behavioral health services she was previously receiving and to discuss her own goals at this time in her life. Beatrice was especially frustrated with her previous medication, which she said made her feel too tired. The service provider, who was herself a behavioral health recipient, shared some of her own experiences with medication, including both its drawbacks and the ways that it had been helpful to her. Beatrice agreed to a second meeting the following day.

During the second meeting, again with Beatrice's mother in attendance, the peer-to-peer service provider helped Beatrice begin to formulate her own goals and identify the behavioral health services that might help her to achieve them, using the Wellness Recovery Action Plan (WRAP) format. Beatrice's relationship with her psychiatrist had deteriorated to the point where she was no longer willing to see him, but she agreed to a consultation with a new doctor in order to evaluate whether a different medication with a different side effect profile might be helpful. Beatrice said that she did feel "agitated" without the medication, and agreed that feeling calm and getting more sleep would be helpful in reaching her other goals. Beatrice was also interested in exploring supported employment services that GREABHA had recently helped to develop by partnering with business leaders through its Community Board in Beatrice's community. Beatrice attended an intake session and completed a new assessment and service plan, including the Strengths and Culture Discovery. Her former Clinical Liaison attended the intake session, along with the peer-to-peer outreach worker and Beatrice's mother. Based on the results of the Strengths and Culture Discovery and Beatrice's goals for behavioral health services, they agreed on a new service plan that Beatrice felt would better meet her goals, including an initial medication consultation. Beatrice's Clinical Liaison followed up to ensure that Beatrice received a medication evaluation within the next week. She also arranged for Beatrice to meet with a case manager at the mental health center, who helped Beatrice apply for disability payments to resolve her financial difficulties while she started to work toward employment again. The case manager agreed to be an ongoing part of Beatrice's team, to help her manage concrete day-to-day needs.

A translator, the peer-to-peer outreach worker, and Beatrice's mother all accompanied her to the meeting with the psychiatrist. The psychiatrist explored Beatrice's previous experiences and concerns about medication, and presented information about other possible medications and their side effects, including some that had less chance of making Beatrice feel sedated. Beatrice was still hesitant, but was reassured by the fact that the new psychiatrist "listens to her." Beatrice agreed to a trial of a new medication, with follow-up scheduled in the next 7 days.

The peer-to-peer outreach worker continued to follow up with Beatrice, initially daily, and supported her commitment to wellness and recovery. The peer-to-peer worker and a translator again accompanied Beatrice to her next appointment. By this time, Beatrice was feeling more comfortable with the new medication, and her symptoms were beginning to stabilize. In the following weeks, the peer-to-peer worker revisited the service plan with Beatrice again, once her condition was more stable. Beatrice agreed to involve her mother on an ongoing basis as part of the team to support her recovery, rather than trying to cope with her symptoms totally on her own. In addition to taking this and other steps to become less isolated, Beatrice suggested that she gradually move toward supported employment once she felt calmer. Beatrice agreed that her mother and the other supports she identified in the WRAP plan can help her to identify "triggers" and wellness tools so that she can seek help before she becomes this agitated again. Beatrice gradually transitioned to bi-weekly follow-up appointments with her case manager, as well as psychiatrist visits every 90 days, and began the new supported employment program.

2. Case Scenario 2: Marshall

Many behavioral health recipients with depression and substance abuse concerns are seen primarily through the medical system; CBH's experience working with Medicaid health plans has given GREABHA the tools to engage and support such behavioral health recipients in behavioral health services. Although Marshall had taken antidepressants sporadically as prescribed by his PCP, he was not currently engaged in treatment at the time that GREABHA became involved with this case. One of GREABHA's Field Outreach workers met Marshall's wife at an African-American community event where GREABHA was presenting information about mental health issues. The GREABHA Field Outreach worker provided Marshall's wife with information about depression and substance abuse, and effective treatments for these conditions, and offered to have a NurseWise peer-to-peer outreach worker call Marshall.

The NurseWise service made an outreach call to Marshall the following day, to provide him with information about the types of services available and offering to help him create a service plan that is customized to meet his needs, including both his medical needs and his ongoing feelings of depression. Marshall presented as very depressed during the telephone interaction, saying that he felt his diabetes was getting the better of him, that he also felt unable to cope with many stressors at work and at home, and that he wanted to just "feel numb." The NurseWise peer-to-peer outreach worker, who had also had experience with depression, asked about Marshall's alcohol and drug use; Marshall said he knew he was drinking and smoking marijuana more, and he agreed with the peer outreach worker that this was a method he was using to reduce his awareness of his disease and the stressors in his life. Marshall became tearful on the phone, saying that he knew the alcohol and drugs weren't a long-term solution, and that he knew his diabetes was getting even more out of control, but that he didn't know what else to do.

The peer-to-peer outreach worker described treatment options available, including other medications and psychotherapy, as well as substance abuse counseling to help Marshall reduce his reliance on alcohol and drugs to cope with stress. Marshall agreed to attend an intake and assessment session with a comprehensive service provider, which the peer-to-peer outreach worker helped him to schedule in three days. The peer-to-peer outreach worker contacted Marshall's AHCCCS health plan Care Manager with his permission, informed the Care Manager about Marshall's current situation, and scheduled a time for the three of them to talk using a three-way conference call. In the meantime, the NurseWise service sent Marshall written information about depression and its treatment, as well as disease management information about diabetes and ways to achieve improved control of the disease. The peer-to-peer outreach worker said he would call Marshall again in a few days to discuss the materials.

In the meantime, Marshall and his wife attended the intake session and completed the initial assessment, including the Strengths and Culture Discovery. Based on the assessment, they worked with a Clinical Liaison at the comprehensive service provider's location to design an initial service plan that would better address Marshall's needs. Based on Marshall's current situation, the service plan included individual psychotherapy to address symptoms of depression and a re-evaluation of Marshall's current antidepressant medication treatment, and services to support Marshall in reducing his use of alcohol and drugs. Based on GREABHA's clinical practice guideline on screening for substance abuse, the Clinical Liaison also recommended services to help Marshall reduce his use of alcohol and drugs. Marshall said he "didn't think he was an addict," and didn't want to attend a 12-step group in the community at this time; however, he did agree that he was using alcohol and drugs more than he wanted, and agreed to a consultation with a substance abuse counselor for help problem-solving to reduce his alcohol and drug use. Similarly, although Marshall was willing to see an individual psychotherapist, he was reluctant to see a psychiatrist for medication, preferring to continue working with his PCP. The Clinical Liaison contacted GREABHA for help with referrals, and identified a substance abuse counselor near Marshall's home who had been trained by GREABHA in Motivational Interviewing techniques. The Clinical Liaison recommended this research-based approach to Marshall, saying that he would appreciate its non-judgmental problem-solving approach. The Clinical Liaison also recommended that Marshall work with a psychotherapist who had participated in GREABHA's training on self-management of chronic illness, and who could help Marshall to control his diabetes better in addition to working with him regarding his feelings of depression. Finally, the

Clinical Liaison supported Marshall's decision to go back to his PCP for a re-evaluation of his antidepressant medication, and recommended a GREABHA program that could support the PCP in re-assessing Marshall's antidepressant treatment regimen.

With Marshall's permission and the support of his AHCCCS Care Manager, GREABHA's Provider Training and Assistance Team contacted Marshall's PCP. Marshall's PCP was willing to sign a Temporary Service Agreement (TSA) with GREABHA, in order to continue treating Marshall's depression in the community clinic setting. GREABHA also provided Marshall's PCP with information about the appropriate treatment of depression in primary care. Marshall's PCP was interested in the information provided about the Texas Medication Algorithm Project, which recommended specific antidepressant medications for behavioral health recipients with specific needs, but he was reluctant to prescribe antidepressants in as high a dose as was recommended by the algorithm. The PCP was offered a consultation with GREABHA's Chief Medical Officer, a psychiatrist, who discussed the recommendations with the PCP, and helped him to determine that there was no risk of interaction with Marshall's medications for diabetes, but did recommend that Marshall discontinue alcohol and drug use to prevent possible interactions. The PCP was reassured by the availability of psychiatric consultation, and also appreciated the availability of the NurseWise service to continue following up with Marshall, monitoring his reactions to the medication, and giving feedback to the PCP. With these supports in place, the PCP and Marshall agreed to a trial of a new antidepressant medication at a higher dosage that was more likely to produce therapeutic benefits. GREABHA signed a network provider contract with Marshall's PCP, so that he could provide medication services under Marshall's behavioral health benefit.

Marshall met with the substance abuse counselor, who used Motivational Interviewing techniques to build an alliance with Marshall. The counselor acknowledged Marshall's ambivalence about reducing his alcohol and drug use, which Marshall felt were important supports to help him cope with his diabetes and depression, but also asked Marshall to talk about the problems his alcohol and drug use were creating. Marshall identified the strain they were causing in his marriage, as well as the fact that drugs could potentially interact with his antidepressant and diabetes medications. The substance abuse counselor also helped Marshall to understand that the drugs he was using tend to have a sedating effect, which might be increasing his depression. Marshall decided to reduce his alcohol and drug use, and agreed to a follow up meeting with the substance abuse counselor and to consider attending a 12-step group in the community. The substance abuse counselor recommended a group in the local area.

The same week, Marshall met with an individual therapist, who asked him about his feelings of depression and how they were related to feeling a lack of control over his diabetes. The therapist, who had participated in a recent GREABHA training session about the inter-relationships between depression and chronic disease, helped Marshall to formulate a plan that would both improve his glycemic control and also reduce his depression, including starting a healthier diet and working with his PCP to formulate an appropriate exercise plan. When asked whether his wife could help him to implement this plan, Marshall brought up marital difficulties that had been exacerbated by his depression. At Marshall's request, the therapist scheduled a second session with Marshall and his wife to discuss the relationship issues. Using an emotion-focused treatment approach (an evidence-based treatment discussed at another recent workshop sponsored by GREABHA), the therapist helped Marshall to reframe his wife's "badgering" as an expression of concern for Marshall's health. Marshall admitted that he had been nonadherent to diet and exercise recommendations in the past, and expresses that he was scared about his lack of control over his illness. Based on the results of the Strengths and Culture Discovery, the therapist also reframed some of Marshall's symptoms, including the drug use, as an attempt to demonstrate strength and independence, which the couple agreed were culturally based values that they held. The therapist then helped them to see how these attempts to be strong were actually having the opposite result when Marshall tried to cope with his health problems and his depression without support. Marshall and his wife agreed on a plan to support Marshall in improving his health. Marshall and his wife continued to meet with the therapist weekly to discuss Marshall's progress implementing the action plan, as well as any barriers or marital stresses that came up. Marshall reported that the new antidepressant treatment initiated by his PCP was helping, as were the ongoing contacts with the NurseWise peer-to-peer support service. Marshall

began to exercise more often, and reported that this helped him feel less depressed as well. At this point, Marshall also decided to join a local NA group.

After 6 months, Marshall's alcohol use was minimal and his drug use had stopped. He felt better able to manage his chronic disease and had a greater sense of control over his health. He reported that he and his wife were getting along better, and she said she was proud of his efforts to improve his health. By this point, Marshall's depression had remitted, his blood pressure was lower, and his hemoglobin A1c levels were below 10% for the first time in 18 months. Marshall agreed to continue taking medication for at least another three months (the recommended continuation-phase treatment) and to continue attending NA groups. He had transitioned to monthly visits with his psychotherapist, and now scheduled a "booster session" in three months to follow up; Marshall also had the toll-free NurseWise number to call 24/7 in cases of emergency.

As an epilogue to this case, GREABHA followed up with Marshall's PCP, who had expressed interest in the connection between depression and chronic disease, and asked if he would be willing to participate in a pilot program examining the feasibility of placing behavioral health professionals in community-based primary care office settings. A provider agency clinical liaison began practicing three days per week in the PCP's office, offering both behavioral health services and support for health behavior change in behavioral health recipients with chronic disease. The presence of a behavioral health clinician in the primary care setting helped GREABHA to identify more behavioral health recipients with unmet behavioral health and substance abuse needs in order to provide them with beneficial services.

3. Case Scenario 3: Frank

Frank's grandparents contacted GREABHA's 24/7 Access Line because they were concerned that they might lose custody of Frank. They had a CPS case worker, who was concerned about Frank's increasing aggression and the one reported episode of fire setting at school. The CPS case worker recommended treatment, although treatment was not yet court-ordered. Although Frank's grandparents knew they needed help caring for Frank, they were reluctant to use mental health services because they felt Frank was "just acting macho, not crazy." GREABHA's Access Line staff member, who was Hispanic and able to speak with Frank's grandparents in Spanish, listened to them talk about their experience raising Frank. The Access Line staff member empathized with their difficulties raising a second family in their old age, when they already had the responsibilities of parenting and thought they were done with that stage of their lives. The Access Line staff member complimented Frank's grandparents on their dedication to him, and said that although they clearly had good parenting skills and had raised their own children, sometimes new parenting skills were needed to help children cope with contemporary challenges as they moved into adolescence. Frank's grandparents were willing to try a different approach.

Because Frank was at risk for out-of-home placement, GREABHA's Access Line staff member recommended an immediate meeting with an in-home support service. Frank's grandparents agreed to the service, and had an initial telephone call with the community-based service provider to discuss expectations for the first meeting. At the suggestion of the service provider, they presented the initial evaluation to Frank as a "family meeting" to help them resolve their differences. Although Frank was negative about his grandparents' rules, he wanted the CPS case worker to "leave his family alone," and for that reason he agreed to the meeting. The CPS case worker was also asked to attend the initial session in the family's home.

The in-home service provider completed the initial assessment, including the Strengths and Culture Discovery, with Frank and his family. During the assessment, the CPS Case Worker expressed concern about Frank's "increasingly pathological" behavior. However, based on the results of the Strengths and Culture Discovery the service provider (who was himself Hispanic and Spanish-speaking) agreed with the grandparents' view of Frank's behaviors as "macho," and suggested that as Frank was now moving toward adulthood, he might be interested in taking on more adult privileges and responsibilities. Frank began to take interest in the discussion of increased privileges, while his grandparents expressed support for the idea that Frank could be more responsible. To accomplish these goals, the service provider recommended a combination of parenting pointers for Frank's grandparents; encouraging Frank to take on a mentoring role for

his younger siblings or as a peer mentor at a local Boys and Girls Club; and continued in-home "family meetings" to help prevent firesetting or delinquency. The CPS Case Worker agreed to the service plan, and agreed to be a continuing member of the Child and Family Team for Frank, along with his grandparents and the in-home service provider. An interim service plan was formulated to reduce Frank's aggression and prevent any further incidents of fire-setting.

A medication consult was also considered due to Frank's reported difficulties paying attention in school, but Frank and his grandparents refused to consider medication. Their goals for treatment included an end to the aggression at school, more privileges and responsibilities for Frank, and no further fire setting. Neither Frank nor his grandparents were concerned about Frank's inattention in school. Therefore, based on the results of the Strengths and Culture Discovery and the family's goals, the service provider agreed to put school performance "off to one side" when discussing goals. The CPS Case Worker was not happy with this decision because she considered school performance to be an important goal for Frank, but agreed to take this issue back to her department head for further discussion. The provider informed GREABHA of this discrepancy between the family's and CPS Case Worker's goals for services, and the CPS Liaison in GREABHA's Intergovernmental Relations Department followed up with the Case Worker the next day to discuss the issue. The CPS Case Worker agreed to a conference with her supervisor and team at CPS to discuss Frank's case, and was still open to pursuing in-home placement as long as the family engaged in services and Frank's aggressive behavior decreased.

The in-home provider scheduled weekly family meetings Frank and his family, where they discussed issues of concern that week, and the provider helped to model problem-solving skills. The service plan also included sessions with Frank's younger siblings, who Frank feels very protective towards. With the provider's help, Frank began to take on more of a supportive role for his younger siblings, helping his younger brother improve his basketball playing and his younger sister with homework. The provider asked Frank to help his younger brother solve problems that his brother was having with some boys at school, and with some coaching, Frank was able to suggest a nonviolent way that his younger brother could resolve his problems. Through individual sessions with the in-home provider, Frank developed problem-solving strategies that he could use to resolve some of his own conflicts with schoolmates. Frank's grandparents began to use new parenting strategies that were "authoritative" by explaining their reasons to Frank and giving him choices, rather than "authoritarian" parenting that relied on obedience to rules. Frank said that he was less angry at his grandparents, and more able to avoid violence at school.

In family meeting sessions, Frank's grandparents expressed their disapproval of Frank's peer group, including the music they listen to and the clothes they wear. Many of the grandparents' rules were about Frank's "style," which they thought made him look like a gangster. They expressed concern that he would make the same mistakes as his father. The provider asked two of Frank's friends to attend a family meeting. Once Frank's grandparents had the opportunity to speak with them, they began to consider Frank's friends less of a "bad influence" than had previously. It became clear that Frank and his friends had a great deal of disdain for classmates who use alcohol and drugs—they expressed the belief that that "you have to take care of yourself out there," and drugs make you weaker. This belief was a fit with his grandparents' beliefs and values, and they and the service provider praised and encouraged Frank for his rejection of alcohol and drugs. Based on their new understanding of Frank and his friends, and Frank's success taking responsibility and providing support for his younger siblings, Frank's grandparents were willing to relax some of their rules, which in turn decreased Frank's tendency to rebel.

Through regular contact with the in-home provider, Frank and his grandparents gradually developed a greater understanding of each other's positions. Frank's grandparents maintained certain rules and Frank agreed to abide by them. However, Frank's grandparents decided to relax other rules (e.g., about clothing and music). Frank's grandfather took him to the construction company where he worked, and showed Frank the type of work that he did. Frank began to express interest in pursuing a similar career, and started to help his grandfather with repair tasks around the house. Gradually, the frequency of family meetings was decreased, and the service plan modified to reflect Frank's new situation and personal goals. CPS maintained contact with the family, but out-of-home placement was no longer discussed.

m. Service Delivery for Non Title XIX/XXI Funds – GSA 1

The following non-Title XIX/XXI populations are included in the scope of the RFP:

- Non-Title XIX General Mental Health Adults (GMH)
- Non-Title XIX Substance Abuse Adults (SA)
- Non-Title XIX/XXI Children

For these populations, to the extent that funding is available and allocated to GREABHA, we will provide services equivalent to those available to the Title XIX/XXI population (with the exception that Mental Health Block Grant funds will not be used to fund inpatient care). When sufficient funding is not available, service delivery for these populations will be prioritized by GREABHA based on ADHS/DBHS priorities, feedback from Community Boards, the GREABHA Consumer Advisory Board, and clinical input on behavioral health recipients' needs. We anticipate that general priorities will be as described below, but these will be modified with community participation.

General Considerations: Eligibility and Routing of Funds

When a request for services is received, GREABHA will check the behavioral health recipient's Title XIX/XXI eligibility status, and assist him/her to enroll in Title XIX/XXI programs if eligible. If behavioral health recipients are not Title XIX/XXI eligible, GREABHA will make services available through Community Mental Health Services Block Grant funds. Mental Health Block Grant funds generally will be used to provide emergency stabilization, crisis management, and support services to help behavioral health recipients achieve improved functioning and long-term stability in the community.

Non-Title XIX GMH Adults: Stabilization and Triage

If insufficient funding is available to provide all covered services, GREABHA will prioritize preventive, emergency stabilization, and triage services for Non-Title XIX Adults. For example:

- GREABHA will provide 24/7 emergency triage services to these populations regardless of their Title XIX status, and, in the event that a behavioral health recipient is not eligible for services based on the funding provided to GREABHA, GREABHA will assist the behavioral health recipient in finding services through his/her local mental health center or another community agency that offers services on a sliding scale
- GREABHA will also refer the behavioral health recipient to free or low-cost community support groups, such as AA or NA groups, recovery groups for behavioral health recipients with serious mental illness, and consumer advocacy and support groups
- If a behavioral health recipient cannot be maintained in the community and if funding is available, GREABHA will next prioritize emergency services, such as emergency evaluation and crisis stabilization.
- If funding is not available to provide the full continuum of care for behavioral health recipients in these additional populations, GREABHA will prioritize preventive behavioral health services, such as:
    - Follow-up outpatient care after a behavioral health recipient is discharged from inpatient hospitalization
    - Outpatient or assertive community treatment to prevent inpatient hospitalization

- Outpatient mobile crisis and Assertive Community Treatment services

GREABHA will also offer care coordination through the NurseWise service. NurseWise care coordinators/case managers will actively work with behavioral health recipients in these populations to help them locate resources that can support long-term community stabilization and to prevent the use of more restrictive levels of care.

Non-Title XIX GMH Adults: Stabilization and Engagement

If insufficient funding is available to provide all covered services, GREABHA will prioritize services for Non-Title XIX GMH adults that are designed for emergency stabilization, to promote behavioral health recipient involvement in substance abuse treatment, and to help behavioral health recipients locate and access substance abuse treatment or community support even if that treatment is not funded by GREABHA. These services include:

- Detoxification for acute crisis stabilization
- Brief Motivational Interviewing interventions for behavioral health recipients at the time of discharge from hospitalization or when the behavioral health recipient calls GREABHA or a provider group in crisis.
- Care Facilitation and referral for behavioral health recipients who wish to enter substance abuse treatment, even if that treatment is not funded by GREABHA. This will include helping behavioral health recipients to assist community treatment resources that are free or offered on a sliding scale, including local Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups.

GREABHA will prioritize an expanded range of services for Non-Title XIX GMH Adults in particular high-risk groups, including:

- Outpatient treatment for women who are pregnant and parenting drug users
- Outpatient treatment for behavioral health recipients who use intravenous drugs

Non-Title XIX/XXI Children: Reducing Out-of-Home Placement

If insufficient funding is available to provide all covered services, GREABHA will prioritize services for Non-Title XIX/XXI Children that are designed to reduce out-of-home placement and to maintain children successfully in the home setting. This will include:

- Care Facilitation and support from the GREABHA Intergovernmental Relations office for children who are involved in the criminal justice system
- Outpatient services for families where a child is at risk of being placed outside the home
- In-home support services, where a provider works with the family in their home to reduce violence, substance abuse, or behavior problems and prevent out-of-home placement
- Outpatient substance abuse treatment services for children and adolescents

m. Service Delivery for Non Title XIX/XXI Funds – GSA 2

The following non-Title XIX/XXI populations are included in the scope of the RFP:

- Non-Title XIX General Mental Health Adults (GMH)
- Non-Title XIX Substance Abuse Adults (SA)
- Non-Title XIX Children

For these populations, to the extent that funding is available and allocated to GREABHA, we will provide services equivalent to those available to the Title XIX/XXI population (with the exception that Mental Health Block Grant funds will not be used to fund inpatient care). When sufficient funding is not available, service delivery for these populations will be prioritized by GREABHA based on ADHS/DBHS priorities, feedback from Community Boards, the GREABHA Consumer Advisory Board, and clinical input on behavioral health recipients' needs. We anticipate that general priorities will be as described below, but these will be modified with community participation.

General Considerations: Eligibility and Routing of Funds

When a request for services is received, GREABHA will check the behavioral health recipient's Title XIX/XXI eligibility status, and assist him/her to enroll in Title XIX/XXI programs if eligible. If behavioral health recipients are not Title XIX/XXI eligible, GREABHA will make services available through Community Mental Health Services Block Grant funds. Mental Health Block Grant funds generally will be used to provide emergency stabilization, crisis management, and support services to help behavioral health recipients achieve improved functioning and long-term stability in the community.

Non-Title XIX GMH Adults: Stabilization and Triage

If insufficient funding is available to provide all covered services, GREABHA will prioritize preventive, emergency stabilization, and triage services for Non-Title XIX Adults. For example, GREABHA will provide 24/7 emergency triage services to these populations regardless of their Title XIX status, and, in the event that a behavioral health recipient is not eligible for services based on the funding provided to GREABHA, GREABHA will assist the behavioral health recipient in finding services through his/her local mental health center or another community agency that offers services on a sliding scale. GREABHA will also refer the behavioral health recipient to free or low-cost community support groups, such as AA or NA groups, recovery groups for behavioral health recipients with serious mental illness, and consumer advocacy and support groups. If a behavioral health recipient cannot be maintained in the community and if funding is available, GREABHA will next prioritize emergency services, such as emergency evaluation and crisis stabilization. Third, if funding is not available to provide the full continuum of care for behavioral health recipients in these additional populations, GREABHA will prioritize preventive behavioral health services, such as:

- Follow-up outpatient care after a behavioral health recipient is discharged from inpatient hospitalization
- Outpatient or assertive community treatment to prevent inpatient hospitalization
- Outpatient mobile crisis and Assertive Community Treatment services

GREABHA will also offer care coordination through the NurseWise service. NurseWise care coordinators/case managers will actively work with behavioral health recipients in these

populations to help them locate resources that can support long-term community stabilization and to prevent the use of more restrictive levels of care.

Non-Title XIX GMH Adults: Stabilization and Engagement

If insufficient funding is available to provide all covered services, GREABHA will prioritize services for Non-Title XIX GMH adults that are designed for emergency stabilization, to promote behavioral health recipient involvement in substance abuse treatment, and to help behavioral health recipients locate and access substance abuse treatment or community support even if that treatment is not funded by GREABHA. These services include:

- Detoxification for acute crisis stabilization
- Brief Motivational Interviewing interventions for behavioral health recipients at the time of discharge from hospitalization or when the behavioral health recipient calls GREABHA or a provider group in crisis.
- Care Facilitation and referral for behavioral health recipients who wish to enter substance abuse treatment, even if that treatment is not funded by GREABHA. This will include helping behavioral health recipients to assist community treatment resources that are free or offered on a sliding scale, including local Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups.

GREABHA will prioritize an expanded range of services for Non-Title XIX GMH Adults in particular high-risk groups, including:

- Outpatient treatment for women who are pregnant and parenting drug users
- Outpatient treatment for behavioral health recipients who use intravenous drugs

Non-Title XIX/XXI Children: Reducing Out-of-Home Placement

If insufficient funding is available to provide all covered services, GREABHA will prioritize services for Non-Title XIX/XXI Children that are designed to reduce out-of-home placement and to maintain children successfully in the home setting. This will include:

- Care Facilitation and support from the GREABHA Intergovernmental Relations office for children who are involved in the criminal justice system
- Outpatient services for families where a child is at risk of being placed outside the home
- In-home support services, where a provider works with the family in their home to reduce violence, substance abuse, or behavior problems and prevent out-of-home placement
- Outpatient substance abuse treatment services for children and adolescents

m. Service Delivery for Non Title XIX/XXI Funds – GSA 4

The following non-Title XIX/XXI populations are included in the scope of the RFP:

- Non-Title XIX/XXI General Mental Health Adults (GMH)
- Non-Title XIX Substance Abuse Adults (SA)
- Non-Title XIX Children

For these populations, to the extent that funding is available and allocated to GREABHA, we will provide services equivalent to those available to the Title XIX/XXI population (with the exception that Mental Health Block Grant funds will not be used to fund inpatient care). When sufficient funding is not available, service delivery for these populations will be prioritized by GREABHA based on ADHS/DBHS priorities, feedback from Community Boards, the GREABHA Consumer Advisory Board, and clinical input on behavioral health recipients' needs. We anticipate that general priorities will be as described below, but these will be modified with community participation.

General Considerations: Eligibility and Routing of Funds

When a request for services is received, GREABHA will check the behavioral health recipient's Title XIX/XXI eligibility status, and assist him/her to enroll in Title XIX/XXI programs if eligible. If behavioral health recipients are not Title XIX/XXI eligible, GREABHA will make services available through Community Mental Health Services Block Grant funds. Mental Health Block Grant funds generally will be used to provide emergency stabilization, crisis management, and support services to help behavioral health recipients achieve improved functioning and long-term stability in the community.

Non-Title XIX GMH Adults: Stabilization and Triage

If insufficient funding is available to provide all covered services, GREABHA will prioritize preventive, emergency stabilization, and triage services for Non-Title XIX Adults. For example, GREABHA will provide 24/7 emergency triage services to these populations regardless of their Title XIX status, and, in the event that a behavioral health recipient is not eligible for services based on the funding provided to GREABHA, GREABHA will assist the behavioral health recipient in finding services through his/her local mental health center or another community agency that offers services on a sliding scale. GREABHA will also refer the behavioral health recipient to free or low-cost community support groups, such as AA or NA groups, recovery groups for behavioral health recipients with serious mental illness, and consumer advocacy and support groups. If a behavioral health recipient cannot be maintained in the community and if funding is available, GREABHA will next prioritize emergency services, such as emergency evaluation and crisis stabilization. Third, if funding is not available to provide the full continuum of care for behavioral health recipients in these additional populations, GREABHA will prioritize preventive behavioral health services, such as:

- Follow-up outpatient care after a behavioral health recipient is discharged from inpatient hospitalization
- Outpatient or assertive community treatment to prevent inpatient hospitalization
- Outpatient mobile crisis and Assertive Community Treatment services

GREABHA will also offer care coordination through the NurseWise service. NurseWise care coordinators/case managers will actively work with behavioral health recipients in these

populations to help them locate resources that can support long-term community stabilization and to prevent the use of more restrictive levels of care.

Non-Title XIX GMH Adults: Stabilization and Engagement

If insufficient funding is available to provide all covered services, GREABHA will prioritize services for Non-Title XIX GMH adults that are designed for emergency stabilization, to promote behavioral health recipient involvement in substance abuse treatment, and to help behavioral health recipients locate and access substance abuse treatment or community support even if that treatment is not funded by GREABHA. These services include:

- Detoxification for acute crisis stabilization
- Brief Motivational Interviewing interventions for behavioral health recipients at the time of discharge from hospitalization or when the behavioral health recipient calls GREABHA or a provider group in crisis.
- Care Facilitation and referral for behavioral health recipients who wish to enter substance abuse treatment, even if that treatment is not funded by GREABHA. This will include helping behavioral health recipients to assist community treatment resources that are free or offered on a sliding scale, including local Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups.

GREABHA will prioritize an expanded range of services for Non-Title XIX GMH Adults in particular high-risk groups, including:

- Outpatient treatment for women who are pregnant and parenting drug users
- Outpatient treatment for behavioral health recipients who use intravenous drugs

Non-Title XIX/XXI Children: Reducing Out-of-Home Placement

If insufficient funding is available to provide all covered services, GREABHA will prioritize services for Non-Title XIX/XXI Children that are designed to reduce out-of-home placement and to maintain children successfully in the home setting. This will include:

- Care Facilitation and support from the GREABHA Intergovernmental Relations office for children who are involved in the criminal justice system
- Outpatient services for families where a child is at risk of being placed outside the home
- In-home support services, where a provider works with the family in their home to reduce violence, substance abuse, or behavior problems and prevent out-of-home placement
- Outpatient substance abuse treatment services for children and adolescents

n. Prior Authorization Criteria

Reliance on Practitioner Expertise

Within treatment, GREABHA will not attempt to dictate specific actions; instead, we will rely on the practitioners' expertise, with an ongoing dialogue between the provider, behavioral health recipient, and NurseWise peer-to-peer support staff to achieve behavioral health recipients' treatment goals. NurseWise peer-to-peer support staff will outreach each behavioral health recipient at the start of treatment to provide information and referrals if desired, and will be available to provide ongoing support and guidance to behavioral health recipients throughout treatment. The treatment plan will be routinely reviewed with behavioral health recipients and each of their treatment providers. At the time of each review, further recommendations or referrals can be made. GREABHA will rely on effective provider collaboration and behavioral health recipient involvement in treatment to achieve the efficient use of limited treatment resources. Therefore, in accordance with the ADHS/DBHS Provider Manual, GREABHA will not require prior authorization for most behavioral health services. Child and Family Teams and treatment teams should make decisions based on a person's identified needs and should not use these tools as criteria to deny or limit services.

GREABHA will require prior authorization only for higher levels of care, specifically:

- Non-emergency admissions to an OBHL Level I facility
- Continued stay in an OBHL Level I facility
- Some prescription medications, as listed in the formulary in Section O of this document

The purpose of prior authorization is to ensure that behavioral health recipients are treated in the most appropriate, least restrictive and most cost effective setting, with sufficient intensity of service and supervision to safely and adequately treat the behavioral health recipients' behavioral health conditions. Prior authorization will never be applied in an emergency situation. A retrospective review may be conducted after the behavioral health recipient's immediate behavioral health needs have been met.

Medical Necessity Criteria

GREABHA will use ADHS/DBHS's Medical Necessity criteria to determine appropriate levels of care and prior authorization decisions for Level I care.

o. Medication Formulary

Pharmacy Benefits Management—Caremark, Inc.

To ensure continuity of care for Arizona behavioral health recipients, GREABHA will provide Pharmacy Benefit Management (PBM) services through a contract with Caremark, Inc. (Caremark), the PBM vendor that currently serves the majority of behavioral health recipients in GSA 1 and GSA 4. GREABHA's parent company, Centene, currently contracts with Caremark to manage specialty pharmacy expenses, to negotiate for best prices in several state Medicaid health plan contracts (Indiana, New Jersey, Ohio, and Wisconsin), and to provide specialty pharmacy services, such as self-injectables or therapies that require extensive monitoring or follow-up care.

Caremark is responsible for pharmacy management for both behavioral health recipients and providers in Centene-operated health plans in Indiana, Ohio, and Wisconsin. In Arizona, GREABHA will expand this relationship with Caremark and will subcontract with Caremark to perform all PBM functions described in this section.

GREABHA will provide the following pharmacy related services in Arizona:

- Pharmacy Administrator: GREABHA's Pharmacy Administrator, working under the supervision of GREABHA's Chief Medical Officer, will evaluate behavioral health medications and scientific evidence related to their use. Based on periodic review, the Pharmacy Administrator coordinate with the ADHS/DBHS Medical Director and the ADHS/DBHS Pharmacy and Therapeutics Committee regarding changes to the ADHS/DBHS medication list, and will incorporate changes from ADHS/DBHS into the GREABHA formulary for Arizona. The Pharmacy Administrator will also be responsible for ensuring that data are available regarding behavioral health recipients' prescription medication use, and that these data are included in provider profiling and quality management to inform decision-making about service system improvements. The Pharmacy Administrator will also be responsible for providing general information about appropriate use of psychotropic medications, to be included for distribution to the network in GREABHA's provider newsletter.
- Medication Formulary (see below): GREABHA will maintain a formulary that provides for coverage of all common medications used to treat behavioral health conditions. GREABHA will open the formulary to additional medications where GREABHA has been able to obtain favorable pricing and where the drugs that promote increased behavioral health recipient access to care and demonstrable therapeutic benefits. GREABHA will update and maintain the formulary, and will distribute formulary updates periodically to behavioral health recipients and providers but at least annually. In some cases, GREABHA's formulary may require prior authorization for access to a specific medication, based on the drug's clinical characteristics and pricing. GREABHA's formulary will contain the medications listed on the ADHS/DBHS Medication List that are in the ADHS/DBHS Provider Manual, as well as the additional medications noted in the attached formulary listing.
- Pharmacy Rebates: On behalf of GREABHA, Caremark will negotiate with pharmaceutical manufacturers to obtain best pricing for key pharmaceutical products in each medication class (antidepressants, antipsychotics, mood stabilizers, etc.). Caremark will seek to obtain best pricing and pharmacy rebates for all psychiatric medications purchased, and will report such rebates in accordance with requirements set forth in the Financial Reporting Guide for Regional Behavioral Health Authorities.
- Pharmacy Data Analysis and Reporting: Caremark will provide analysis and reporting of pharmacy utilization data to GREABHA, and GREABHA will integrate pharmacy data into each behavioral health recipient's treatment records in GREABHA's clinical data management system. GREABHA will then provide aggregate pharmacy data (top drugs by

volume, top drugs by cost, etc.) to the State of Arizona, and will develop and implement a monitoring system consistent with requirements pertaining to psychotropic medications in the ADHS/DBHS Provider Manual, the ADHS/DBHS Quality Management and Utilization Management Plan, and ADHS/DBHS Clinical Guidance Documents. Some specific examples of using pharmacy data to shape prescribing patterns and treatment practices are given below:

- GREABHA will provide regular updates on behavioral health recipients in cases where there is inter-class polypharmacy (i.e., more than two medications prescribed from the same class at the same time, other than for tapering purposes) or intra-class polypharmacy (i.e., more than three psychotropic medications prescribed at the same time from different classes for the overall treatment of behavioral health conditions). In such cases, behavioral health recipients may benefit from peer-to-peer outreach to assess whether they believe they are being well served by their current medication regimen.
- GREABHA may also outreach providers who prescribe multiple medications for the same condition, to assess their understanding of ADHS/DBHS prescribing guidelines for psychotropic medications. Pharmacy data will be incorporated into provider profile reports to summarize individual physicians' prescribing practices and to compare them to community practices and ADHS/DBHS guidelines. This type of normative feedback has been proven to be an effective tool in shaping provider behavior, particularly with regard to medication use patterns. In addition to profiling providers in terms of their polypharmacy practices, GREABHA may offer feedback to providers about the percentage of generic prescriptions or low-cost medications used, to promote cost-effective care.
- GREABHA's clinical system will track any adverse drug reactions or medication errors reported by behavioral health recipients during telephonic interactions with GREABHA, and GREABHA will summarize this information for ADHS/DBHS. GREABHA will also work with Caremark to develop medication adherence measures, such as quality assurance measures that ensure that behavioral health recipients who are prescribed an antidepressant are receiving adequate acute-phase and continuation-phase treatment per accepted recommendations for antidepressant medication prescribing (e.g., American Psychiatric Association, HEDIS).
- GREABHA can also monitor and provide feedback on providers' use of once-daily medications, which may be beneficial in improving behavioral health recipients' medication adherence and increasing convenience of care. These pharmacy data indicators will be used as the basis for quality improvement efforts when opportunities to enhance the behavioral health service delivery system are identified.

GREABHA's Proposed Medication Formulary for Greater Arizona

PSYCHOTROPICS

Anxiolytics, Sedatives & Hypnotics			
Alprazolam	generic	Xanax	tablet: 0.25, 0.50, 1, 2mg
Amobarbital	generic	Amytal	Injectable:
Chlordiazepoxide	generic	Librium	capsule: 5, 10, 25mg
Clonazepam	generic	Klonopin	tablet: 0.5, 1, 2mg
Diazepam	generic	Valium	tablet: 2, 5, 10mg
Clorazepate	generic	Tranxene	tablet: 3.75, 7.5, 15mg

Anxiolytics, Sedatives & Hypnotics			
Chloral hydrate	generic	Noctec	capsule: 500mg
Hydroxyzine	generic	Atarax	tablet:
Temazepam	generic	Restoril	capsule: 7.5, 15, 30mg
Oxazepam	generic	Serax	capsule: 10, 15, 30mg
Lorazepam	generic	Ativan	tablet: 0.5, 1, 2mg
Buspirone	generic	Buspar	tablet: 5, 7.5, 10, 15, 30mg
Phenobarbital	generic	Luminal	elixir: 20mg/5ml tablet: 15, 30, 60, 100mg
Pentobarbital sodium	generic	Nembutal	capsule
zolpidem		Ambien	tablet: 5, 10mg

1

Antidepressants			
Amitriptyline	generic	Elavil	tablet: 10, 25, 50, 75, 100, 150mg
Doxepin	generic	Sinequan, Adapin	capsule: 10, 25, 50, 75, 100mg
Clomipramine	generic	Anafranil	capsule: 25, 50, 75mg
Nortriptyline	generic	Aventyl, Pamelor	capsule: 10, 25, 50, 75mg
Protriptyline		Vivactil	tablet: 5, 10mg
Trazodone	generic	Desyrel	tablet: 50, 100, 150mg
Desipramine	generic	Norpramin	tablet: 25, 50, 75, 100, 150mg
Imipramine	generic	Tofranil	tablet: 10, 25, 50mg
Mirtazapine	generic	Remeron	tablet: 15, 30mg
Phenelzine		Nardil	tablet: 15mg
Tranylcypromine		Parnate	tablet: 10mg
Fluoxetine	generic	Prozac	capsule: 10, 20mg liquid: 20mg/5ml tablet: 10mg
Fluvoxamine maleate	generic	Luvox	tablet: 25, 50, 100mg

Antidepressants			
Paroxetine	generic	Paxil Paxil Suspension	tablet: 10, 20, 30, 40mg susp: 10mg/5ml
Citalopram		Celexa	tablet: 20, 40mg
Bupropion	generic	Wellbutrin	tablet: 75, 100mg
Bupropion SR	generic	Wellbutrin-SR	tablet: 100, 150, 200mg
Bupropion ER		Wellbutrin-XL	tablet: 150, 300mg
Venlafaxine		Effexor	tablet: 25, 37.5, 50, 75, 100mg
Venlafaxine ER		Effexor-XR	XR capsules: 37.5, 75, 150mg
Sertraline		Zoloft	tablet: 50, 100mg

1

Antipsychotics			
Amoxapine		Amoxapine	tablet: 25, 100, 150mg
Haloperidol	generic	Haldol	concentrate: 2mg/ml injectible tablet: 0.5, 1, 2, 5, 10mg
Loxapine	generic	Loxitane	capsule: 5, 10, 25, 50mg
Thiothixene	generic	Navane	capsule: 1, 2, 5, 10mg concentrate: 5mg/ml
Fluphenazine	generic	Prolixin	concentrate: 5mg/ml, 2.5mg/5ml tablet: 1, 2.5, 5, 10mg
Perphenazine w/Amitriptyline	generic	Triavil	tablet: 2/10mg, 2/25mg, 4/10mg, 4/25mg, 4/50mg
Perphenazine	generic	Trilafon	concentrate: 16mg/5ml tablet: 2, 4, 8, 16mg
Chlorpromazine	generic	Thorazine	concentrate: 30mg/ml, 100mg/ml tablet:10, 25, 50, 100, 200mg
Trifluoperazine	generic	Stelazine	tablet: 1, 2.5, 5, 10mg
Thioridazine	generic	Mellaril	tablet: 10, 15, 25, 50, 100, 200mg

2

Atypical Antipsychotics			
Aripiprazole		Abilify	tablet: 10, 15, 20, 30mg
Risperidone		Risperdal	solution: 1mg/ml How about the quick dissolve tablet: 0.25, 0.5, 1, 2, 3, 4mg
Clozapine	generic	Clozaril	tablet: 25, 100mg
Olanzapine		Zyprexa	tablet: 2.5, 5, 7.5, 10, 15, 20mg
Quetiapine		Seroquel	tablet: 25, 100, 200, 300mg
Ziprasidone		Geodon	capsule: 20, 40, 60, 80mg

1

Antimania			
Lithium carbonate	generic	Eskalith	capsule: 300mg
Lithium carbonate CR	generic	Eskalith-CR	CR tablet: 450mg
Lithium carbonate	generic	Lithobid	SR tablet: 300mg
Lithium citrate	generic		syrup: 300mg/5ml
Divalproex		Depakote	tablet: 125, 250, 500mg capsule: 125mg
Divalproex ER		Depakote ER	ER tablet: 250, 500mg

2

Cerebral Stimulants			
Methamphetamine	generic		tablet:
Methylphenidate	generic	Ritalin	tablet: 5,10, 20mg
Methylphenidate ER		METAdate CD	ER capsule: 20, 30mg
Methylphenidate CR		Methylin ER	ER tablet: 10, 20mg
Amphetamine/ Dextroamphetamine	generic	Adderall	tablet: 5, 7.5, 10, 12.5, 15, 20, 30mg
Amphetamine/ Dextroamphetamine ER		Adderall-XR	ER capsule: 5, 10, 15, 20, 25, 30mg

3

Miscellaneous			
Diphenhydramine	generic	Benadryl	capsule: 25, 50mg elixir: 12.5mg/5ml
Pimozide		Orap	tablet: 1, 2mg
Propranolol	generic	Inderal	tablet: 10, 20, 40, 60, 80mg ER capsules: 60, 80, 120, 160mg
Nadolol	generic	Corgard	tablet: 20, 40, 80, 120, 160mg
Molindone		Moban	tablet: 5, 10, 25, 50mg
Naltrexone	generic	Revia	tablet: 50mg
Methadone	generic	Methadose	tablet: 5, 10mg
Liothyronine		Cytomel	tablet: 0.005, 0.025, 0.050mg
Levothyroxine	generic		tablet: 0.025, 0.050, 0.075, 0.088, 0.1, 0.112, 0.125, 0.15, 0.175, 0.2, 0.3mg
Guanfacine	generic	Tenex	tablet: 1, 2mg
Disulfuram		Antabuse	tablet: 250mg
Cyproheptadine	generic	Periactin	tablet: 4mg
Clonidine	generic	Catapres	tablet: 0.1, 0.2, 0.3mg
Betanechol		Urecholine	tablet: 5, 10, 25, 50mg
Biperiden		Akineton	tablet: 2mg
Artificial saliva			
Docusate sodium	generic	Colace	capsule: 100, 250mg
Psyllium	generic	METAmucil	powder: 3.4gm/dose
Multivitamins w/minerals	generic	Theragran-M	tablet:
Pyridoxine	generic	Vitamin B6	tablet: 50mg
Thiamine	generic	Vitamin B1	tablet: 50, 100mg
Tocopherol	generic	Vitamin E	capsule: 400u

1

NEUROMUSCULAR AGENTS

Anticonvulsants			
Phenobarbital	generic	Luminal	elixir: 20mg/5ml tablet: 8, 16, 32, 60, 100mg
Carbamazepine	generic	Tegretol	chewable tab: 100mg tablet: 200mg
Carbamazepine suspension		Tegretol	suspension: 100mg/5ml
Carbamazepine SR		Tegretol SR	SR tablet: 100, 200, 400mg
Clonazepam	generic	Klonopin	tablet: 0.5, 1, 2mg
Valproic acid	generic	Depakene	capsule: 250mg syrup: 250mg/5ml

Anti-Parkinsons			
Benztropine mesylate	generic	Cogentin	tablet: 0.5, 1, 2mg
Amantadine	generic	Symmetrel	capsule: 100mg
Trihexyphenidyl	generic	Artane	elixir: 0.4mg/ml tablet: 2, 5mg
bromocryptine mesylate		Parlodel	capsules: 5mg tablet: 2.5mg

Muscle Relaxants			
Cyclobenzaprine	generic	Flexeril	tablet: 10mg
Diazepam	generic	Valium	tablet: 2, 5, 10mg
Baclofen	generic	Lioresal	tablet: 10, 20mg
Methocarbamol	generic	Robaxin	tablet: 500, 750mg
Carisoprodol	generic	Soma	tablet: 350mg
Dantrolene		Dantrium	capsule: 25, 50, 100mg

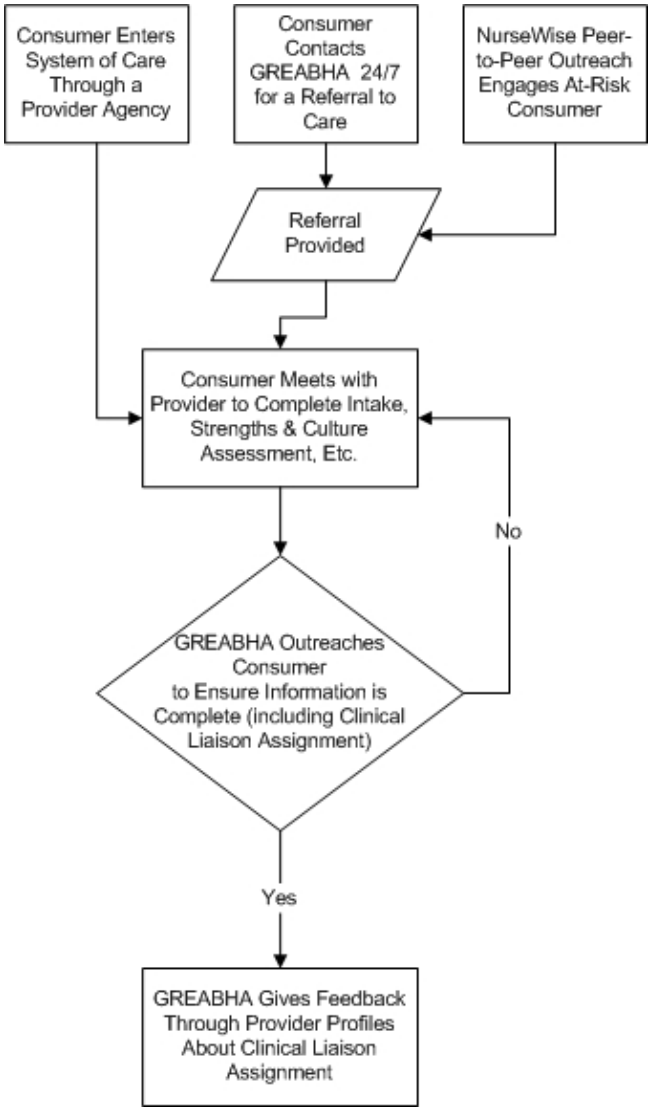
p. Clinical Liaison Process

GREABHA will ensure that all behavioral health recipients entering the system are assessed by, and assigned to, a qualified Clinical Liaison who will function as a member of the behavioral health recipient's team, by contracting with intake and assessment agencies/providers (e.g., comprehensive service providers) and giving behavioral health recipients multiple ways to access these services, by monitoring providers to improve adherence to ADHS/DBHS standards for Clinical Liaison assignments and roles, and by increasing the number of trained Clinical Liaisons.

Assignment of Clinical Liaisons

First, GREABHA will provide behavioral health recipients with multiple methods for entering the system of care, and will follow up to ensure that each behavioral health recipient completes the intake process (or has documented reasons as to why they did not) and is assigned a Clinical Liaison.

As shown in the diagram below, GREABHA will monitor to ensure that regardless of how the behavioral health recipient enters the system of care, he or she will be assigned a Clinical Liaison to complete required assessments in a timely way.



In addition, the diagram shows how GREABHA will outreach every behavioral health recipient after he or she first accesses care, to inform the behavioral health recipient about the Arizona principles and to ensure that the behavioral health recipient is engaged in care with a Clinical Liaison (who may or may not be the same Clinical Liaison who completed the initial assessment), will provide ongoing clinical oversight of the person's care, serve as the point of contact for interactions with other systems, and collaborate with the behavioral health recipient as a knowledgeable expert to help the behavioral health recipient formulate an effective treatment plan.

Behavioral health recipients may enter the system of care by contacting a network provider directly, at which point GREABHA will monitor providers' compliance with standards for Clinical Liaison assignment through semi-monthly on-site chart audits and through data collected via GREABHA's centralized data information system regarding Clinical Liaison assignment. Alternately, GREABHA will provide a 24/7 telephonic Access Line that behavioral health recipients can call to receive information about available services and referral to local providers who can meet their needs.

As a third method for engaging behavioral health recipients in the process of care, GREABHA will partner with AHCCCS health plans, the correctional system, and other agencies to identify Title XIX/XXI-eligible persons who are at risk for behavioral health conditions, including substance abuse (see Section H). In these programs, GREABHA will contract with the NurseWise peer-to-peer outreach service to contact behavioral health recipients prospectively, to give them information about the Arizona principles, and to engage them in care.

Provider Monitoring and Quality Improvement

GREABHA will monitor all contracted providers to ensure that they assign Clinical Liaisons in a timely manner, that all behavioral health recipients are assigned a Clinical Liaison, and that Clinical Liaisons are actually performing their intended roles of providing clinical oversight of the person's care including the assessment and treatment planning processes, working in collaboration to implement an effective plan, participating on the behavioral health recipient's team as a knowledgeable expert to explain available service options, serving as the point of contact with other systems where clinical knowledge is important, providing clinical oversight for continuity of care, evaluating the effectiveness of treatment, ensuring the development of transition plans, discharge plans, and aftercare plans, and evaluating the clinical soundness of evaluations and further evaluation needs.

To effectively monitor and improve contracted providers' adherence to the Clinical Liaison component of the Arizona principles, GREABHA will store all behavioral health recipients' service plan and team information in its centralized data information system. The GREABHA system will collect data both from information sent by providers or entered directly using an on-line form, and from information collected by NurseWise peer-to-peer outreach staff during follow-up calls to every behavioral health recipient at the time they enter the system of care.

GREABHA's centralized data information system enables us to track consumers' Clinical Liaison assignments, verify Clinical Liaison credentials, and assist consumers to maintain a Clinical Liaison during level-of-care transitions

GREABHA will give providers multiple methods for transmitting the required information to GREABHA, including paper forms, FAX, telephone, or Internet-based forms for direct transmittal of the data. GREABHA will also directly outreach behavioral health recipients to verify accuracy and completeness of the service plan, team, and Clinical Liaison information. GREABHA will then audit the service plan information, to ensure that all required elements are included. GREABHA will maintain a list of credentialed and privileged Clinical Liaisons, and will match the assigned clinical liaison against credentialing data to ensure that the assigned individual is on the roster of providers who are trained and privileged as Clinical Liaisons.

When no Clinical Liaison is assigned, GREABHA will outreach the behavioral health recipient and the provider who completed the intake, to facilitate assignment of a credentialed Clinical Liaison and review of the assessment information by a behavioral health provider who is qualified as a Clinical Liaison.

Once team information and the initial service plan are received, GREABHA's data information system will generate a letter to the behavioral health recipient listing his or her Clinical Liaison and describing the role of the Clinical Liaison as a knowledgeable expert who will provide clinical expertise to the team and serve as a point of contact and communication, while working in congruence with the team process. GREABHA will also send a letter or e-mail to the assigned Clinical Liaison, confirming that he or she is the designated Clinical Liaison for that behavioral health recipient. GREABHA will make available weekly rosters to provider agencies, to provide them with an updated data file listing the assignment of Clinical Liaisons to each behavioral health recipient served by their agency.

Additionally, GREABHA will monitor Clinical Liaison caseloads at each agency to ensure that they fit within a workable model of Clinical Liaison responsibilities. For example, at some agencies, the intake clinician may be designated as the behavioral health recipient's Clinical Liaison and this assignment may never change throughout the course of treatment. This results in assigned Clinical Liaisons with caseloads of several hundred behavioral health recipients, who are likely not functioning in a Clinical Liaison role as a regular consultant to the treatment team or Child and Family Team. GREABHA supports a Clinical Liaison model where caseloads are based on the intensity and severity of behavioral health recipients' needs and the specific populations served, but in most cases a cutoff ratio of more than 65 behavioral health recipients to one Clinical Liaison may indicate a problem with effective Clinical Liaison assignment and functioning.

GREABHA will monitor provider agencies through in-person audits and training sessions conducted twice a month. Staff in the Provider Training and Assistance Team will review Clinical Liaisons' work to ensure that they are functioning in the required role, including serving as a point of contact with other systems, coordinating care, providing information about available services, and providing clinical assistance and expertise for the work of the team. In cases where Clinical Liaisons have not been appropriately assigned or trained, or when the Clinical Liaison is not fulfilling his or her assigned duties, GREABHA will work with leadership at the provider agency to design trainings, technical assistance programs, or concrete action plans (including logistical support from GREABHA) to assist the provider group in rapidly implementing a Clinical Liaison process that complies with the intentions and goals of ADHS/DBHS.

In cases where the behavioral health recipient switches treatment providers, transitions between different levels of care, or changes Clinical Liaisons, GREABHA will contract with the NurseWise peer-to-peer outreach service to assist the behavioral health recipient in maintaining continuity in the service plan during the transitional period. NurseWise member outreach staff will verify any updates received to the behavioral health recipient's service plan, will help the behavioral health recipient to identify a new Clinical Liaison at their new level of care, and will directly outreach the previous Clinical Liaison (e.g., using three-way calling with the behavioral health recipient on the line) to verify plans for the behavioral health recipient to become re-engaged in care and to have a dialogue about their new life situation, goals, and treatment options with their new Clinical Liaison.

Clinical Liaison Training and Credentialing

GREABHA will verify Clinical Liaison assignments against provider credentialing and privileging data, to ensure that Clinical Liaisons are appropriately trained to fulfill their required role. To increase the availability of qualified Clinical Liaisons, GREABHA will sponsor the ADHS/DBHS-required credentialing training so that all agencies have adequate opportunity to get most of their staff credentialed and privileged as a Clinical Liaison. Over the long term, this strategy is expected to make more Clinical Liaisons available to behavioral health recipients, which will in turn decrease caseloads for current staff who are credentialed and privileged as Clinical Liaisons and will allow all Clinical Liaisons to more effectively perform their assigned duties.

q. Supporting DHS Obligations under the JK Settlement Agreement

To support DHS obligations under the JK Settlement Agreement, GREABHA will work with provider agencies to establish and continue to enhance Child and Family teams. The process begins with an assessment of existing provider resources and strengths, as well as opportunities for improvement. Then, through the continuous quality improvement process of monitoring outcomes and designing interventions to overcome barriers to the success of Child and Family Teams, GREABHA will increase existing providers' adherence to the Child and Family Team concept. In addition to conducting training and technical assistance with existing network providers, GREABHA will employ community development specialists whose role is to develop expanded availability of community-based support services for behavioral health recipients, consistent with the expansion of covered services under the JK Settlement Agreement.

Within this general framework, GREABHA will implement specific action plans in each area covered by the JK Settlement agreement. The following section gives details about GREABHA's plans for each area identified in the JK Settlement Agreement as an opportunity for improvement. Headings in this section correspond to the identical headings in the JK Settlement Agreement document, and the content in each section is intended to address the current status of implementation of the Arizona principles and the ongoing evolution of the reflection of these concepts in the children's system of care in Greater Arizona.

Support for the 12 Principles of the Arizona Vision

The following twelve principles serve as a guide to ensure that the Arizona principles are fulfilled. DHS's obligations under the JK Settlement state that DHS will "conform all contracts, decisions, practice guidelines and policies related to the delivery of Title XIX behavioral health services to be consistent with and designed to achieve the Principles for class members." GREABHA will take action to improve the system's adherence to each of these Principles, as follows:

1. **Collaboration** with the child and family: Honoring "family voice and choice" begins by including families in all aspects of the delivery system, including policy development, quality and performance management, service development and resource allocation. By reaching out and engaging children and families at the time they first enter the system of care, GREABHA and its contracted providers will work to ensure that all appropriate family and support system members are equal members of the Child and Family teams. By serving as a central repository of information and as a consultation resource to network providers, GREABHA will make full use of its resources to support a clinical model that is strength-based, family friendly, culturally sensitive, clinically sound and supervised. This model is based on three equally important components:

    - Input from the person and family/significant others regarding their special needs, strengths and preferences
    - Input from other individuals who have integral relationships with the person
    - Clinical expertise

Once family members are involved in the process of care, GREABHA will work with providers to periodically assess the behavioral health recipient's perspective on treatment progress, in order to ensure that the child and family's perspectives are honored and they are effectively engaged in treatment planning and in the process of care.

2. **Functional outcomes:** As part of GREABHA's "clinical pathways" approach, GREABHA will work with the Clinical Liaison and the behavioral health recipient to assess functional outcomes at periodic intervals throughout the course of treatment. Assessments will be conducted either directly by the Clinical Liaison, and the information reported to

GREABHA, or else by the NurseWise peer-to-peer service through a direct outreach call to the behavioral health recipient to assess outcomes and report results. Where functional improvement is not observed and/or the behavioral health recipient indicates dissatisfaction with treatment progress, GREABHA will help the Child and Family Team to make mid-course adjustments in the services provided or the membership of the Child and Family Team, based on the child's and family's changing goals and the child's changing developmental needs.

3. **Collaboration** with others: By serving as a central clearinghouse of information, GREABHA will promote collaboration between the behavioral health recipient, his/her family, all treating providers, and any state agencies that are involved in the behavioral health recipient's care. GREABHA staff and/or contracted providers will obtain the necessary releases and informed consents to share this information with various members of the treatment team, and periodically will update the information. GREABHA will also employ community development staff to identify community resources, will train family members who wish to be family support partners, and will work with community boards to identify community services, faith-based services, and other resources such as Boys and Girls' Clubs or supported employment settings developed in partnership with local business leaders.

4. **Accessible services:** As described in Volume 3, Section A, GREABHA will work to ensure behavioral health recipients' access to a choice of providers by meeting standards for geographic accessibility, network sufficiency, and appointment availability. Furthermore, GREABHA will contract with the NurseWise service to assist and encourage behavioral health recipients in accessing available services. GREABHA will sponsor provider training to make new treatment modalities available in local communities. GREABHA will maintain an up-to-date list of services that are available in behavioral health recipients' local communities, including support services, housing services, substance abuse services, and employment services. Additionally, GREABHA will maintain a 24/7 Access Line to provide emergency services for behavioral health recipients in crisis at any time of day or night.

5. **Best practices:** GREABHA will encourage and support the use of best practices by providing information to behavioral health recipients about available treatment options and the research related to their benefits. GREABHA believes that information is powerful, and sharing it with behavioral health recipients is empowering, and assists them in designing their own mix of behavioral health services in connection with their own unique goals. Regardless of the services chosen, GREABHA will support evidence-based care through a comprehensive outcomes management system.

   Within the context of the work of the team, GREABHA will contact behavioral health recipients (either through their Clinical Liaison or directly through the peer-to-peer outreach service) to assess their perspectives on treatment effectiveness and functional improvement, and will assist and advise behavioral health recipients if they desire to make any changes in their treatment plans. In addition to this individual-level support, GREABHA's approach to outcomes management will enable the State to receive aggregate data on behavioral health recipients' progress in treatment over time, including any behavioral health recipient demographic, treatment, or clinical factors that are systematically associated with improvement or recovery. GREABHA will offer providers aggregate data on the process and outcomes of treatment, to help them improve their own practices and model their service delivery after successful models implemented by other provider agencies.

6. **Most appropriate setting:** GREABHA supports and encourages the use of less-restrictive treatment alternatives. To this end, GREABHA will offer reimbursement for a variety of community-based treatment options, and will encourage and support behavioral health recipients in accessing these community-based services. GREABHA will offer training to provider agencies in accepted community-based and recovery-oriented approaches, such as Functional Family Therapy, Motivational Interviewing, peer-to-peer counseling, and Parent or Family Support Partners.

7. **Because higher levels of care**, such as inpatient treatment, are often associated with increased problems and lower chances of recovery, GREABHA will help behavioral health recipients access services in their local communities wherever possible. In cases where higher levels of care are necessary, GREABHA Utilization Management staff will work closely with hospital or facility staff to formulate and follow an appropriate service plan that supports the behavioral health recipient in inpatient care, includes natural supports during the inpatient episode and as part of the discharge planning process, and leads to a return to the community as rapidly as clinically possible.

8. **GREABHA will contract with the NurseWise outreach service,** which works with hospital discharge staff to help formulate an appropriate discharge plan and to assist discharged behavioral health recipients in accessing follow-up care. Through the community development process described above, GREABHA will also partner with provider agencies, government agencies, community service providers, faith-based organizations, the correctional system, and community leaders to develop new services and natural supports in each GSA.

9. **Timeliness:** GREABHA will support behavioral health recipients' abilities to access care in a timely way: GREABHA will monitor providers to ensure that they respond to behavioral health recipients' service requests in a timely fashion (e.g., within 10 days for a routine appointment, 24 hours for an urgent appointment, and six hours for an emergent non-life threatening appointment). Additionally, GREABHA will provide a 24/7 Access Line to behavioral health recipients for telephonic crisis management and support from a GREABHA clinical staff member. These GREABHA staff members will have access to updated information regarding behavioral health recipients' service plans and treatment teams, and can assist behavioral health recipients in locating providers, so that they can access care in a timely way.

10. **GREABHA clinicians will use standardized protocols** to assess the urgency of a behavioral health recipient's behavioral health needs, and to make recommendations regarding how rapidly a behavioral health recipient needs to seek services (e.g., see regular provider on next business day vs. seek emergency care from ER immediately). In cases where additional community-based support services may be beneficial, GREABHA's telephonic triage and access service can help behavioral health recipients to access needed care.

11. **Services tailored to the child and family:** GREABHA encourages service planning that addresses the unique needs of children and their families. Although GREABHA will provide behavioral health recipients and providers with information regarding research-based treatment modalities and their effects, GREABHA will also provide information to children and families about the Child and Family Team concept and the recovery model, and will help to empower each behavioral health recipient to formulate his/her own goals and to choose services that he/she believes will be effective.

12. **The goal of GREABHA's contract with NurseWise to outreach behavioral health recipients** is to provide a conflict-of-interest-free resource where behavioral health recipients and their families can receive peer-to-peer support and advice. Knowledge of available treatment options and community-based supports helps children and families to exercise effective control over the course of treatment, and to use behavioral health providers and community-based services as resources to help them achieve their personal goals. Throughout the course of treatment, NurseWise peer-to-peer outreach staff remain available for ongoing consultation with the behavioral health recipient and the Child and Family Team, in order to provide further information and to assist the behavioral health recipient in seeking any additional treatment options that are recommended or desired.

13. **Stability:** A primary goal of behavioral health treatment is long-term community stability. As noted above, GREABHA will promote community-based alternatives instead of treatments that remove the child from his/her family. In cases where a more restrictive level of care is temporarily necessary, GREABHA will work with the behavioral health

recipient to transition back into community-based care settings as rapidly as is clinically feasible. Furthermore, GREABHA will partner with community provider agencies to develop and offer services that are alternatives to more restrictive institutionally based care. For example, in Texas, CBH partners with Providence Corporation, a private provider group, which offers in-home counseling to families where a child is at risk for out-of-home placement. This agency has a high rate of success in maintaining children in the family setting, by working with the child and his/her family as a unit, and teaching and reinforcing appropriate behavior in the home setting. GREABHA will work with Providence Corporation and other local providers to implement similar programs in Arizona.

14. **GREABHA community development staff will work to identify existing community-based resources**, and will partner with provider agencies, government agencies, faith-based organizations, and community leaders to develop additional community-based resources to assist behavioral health recipients with needed resources such as housing, financial assistance, childcare, and employment.

15. **Finally, GREABHA will promote stability** by offering training programs for family members who wish to function as natural caregivers or Family Support Partners for children with behavioral health problems. GREABHA will train family members or other support system members as paraprofessional caregivers, and will contract with Family Support Partners to provide care, either directly or through a community provider agency. GREABHA will also provide wrap-around support services to assist these family caregivers, such as 24/7 telephonic consultation availability and periodic "respite days," which offer family members a break from their care-giving responsibilities.

16. **Respect for the child and family's unique cultural heritage:** As noted in Volume 2 of this proposal, GREABHA will routinely assess the cultural heritages and linguistic preferences of the populations. GREABHA will benefit from CBH's experience working with diverse, rural Medicaid populations. GREABHA will monitor provider agencies to ensure that families' strengths and culture are considered when designing individualized service plans, and will encourage behavioral health recipients to incorporate their heritages and belief systems when articulating their own personal goals. All GREABHA staff members will receive annual training in cultural competency. In addition, GREABHA will contractually require all network providers to complete an annual training in cultural competency, will conduct this training with all network providers and monitor training outcomes, and through continuing network development and community development efforts will work to expand the range of culturally competent services available to behavioral health recipients.

17. **GREABHA will work with local provider agencies to ensure that culture-specific support system** members, such as religious leaders, will be offered the opportunity to participate as members of Child and Family Teams. GREABHA will offer telephonic services in both English and Spanish, and GREABHA will add staff that speaks other languages in cases where a minimum consumer demographic base is present to require that language. In those cases where GREABHA does not employ any native speakers of a particular language, GREABHA staff will have on-demand access to translation services for any language through the AT&T Language Line, including various Native American languages such as Navajo, Hopi or Apache. GREABHA will also make available on-the-ground translation services for behavioral health recipients who wish to have a translator accompany them to an appointment with a behavioral health service provider.

18. **Independence:** By promoting community-based services and natural supports as an important part of behavioral health recipients' treatment plans, GREABHA will promote behavioral health recipients' independence. Furthermore, GREABHA will promote behavioral health recipients' independence by promoting a recovery model of mental illness that is fundamentally strengths-focused and optimistic regarding behavioral health recipients' ability to achieve meaningful life goals. GREABHA will offer ongoing training in this model to network providers as part of our routine network management activities.

19. **By contracting with the NurseWise peer-to-peer outreach service** to provide behavioral health recipients with information about behavioral health conditions and their treatment, GREABHA will empower behavioral health recipients to direct behavioral health system resources to achieve their own personal goals and to move toward independent functioning. GREABHA will assist behavioral health recipients and providers in formulating care plans that take advantage of behavioral health recipients' existing strengths and support networks, and in formulating realistic goals that emphasize long-term community functioning and as much independence as is clinically possible. By making behavioral health recipients the final authorities regarding their own service plans, rather than external clinical experts or UM reviewers, GREABHA takes the fundamental position that behavioral health recipients are capable, motivated, and willing to manage their own care.

20. **Connection to natural supports:** As noted above, GREABHA will encourage family members and other support system members to participate in the Child and Family Team, and GREABHA will contract with provider agencies to train and pay Family Support Partners to serve as caregivers for children. GREABHA will also promote connection to natural supports through ongoing community development efforts in partnership with community boards, in order to help behavioral health recipients receive services from community-based providers as well as support from non-provider resources such as Boys and Girls' Clubs, faith-based organizations, partnerships with local businesses, AA or NA groups, social service agencies, other governmental departments, and other community-based resources.

Training Program

DHS's obligations under the JK Agreement begin with the requirement that DHS "develop and implement a statewide training program." GREABHA will assist DHS in fulfilling this requirement in all service areas awarded (see Section T).

- GREABHA will partner with leadership at community provider organizations to design and implement effective training curricula, and GREABHA will monitor and profile provider outcomes to assess and offer feedback on providers' adherence to the Arizona principles.

- To ensure adherence to the Arizona principles as well as relevance to provider agencies, GREABHA will develop some training activities and provider technical assistance programs by contracting with other community provider agencies that have been successful in implementing the Arizona principles in their own clinics and operations. For example, GREABHA intends to contract with The Southwest Network, a provider group that has been highly successful in implementing the Arizona principles in its own operations, to offer training and technical assistance to other provider agencies.

- Specific trainings will be conducted on topics such as the Child and Family Team process, conducting the Strengths and Culture Discovery, engaging natural supports in treatment, engaging appropriate family members as part of the Child and Family Team, monitoring and appropriate prescribing of psychotropic medications, and how the Clinical Liaison interacts with the Child and Family Team. Similarly, GREABHA intends to contract with META Services, which has expertise in community-based and recovery-oriented services, to help providers redesign their service delivery systems to support adolescents with behavioral health problems.

- GREABHA will conduct audits and analyze data monthly to assess providers' compliance with the Arizona principles, and will sponsor both individual and group provider training activities to improve compliance.

Respite Care

Under the JK Agreement, DHS must "add respite to covered services." GREABHA will provide leadership in developing support services, including respite services. GREABHA will work with provider agencies and communities to develop additional respite service options, focusing particularly on in-home respite services for family members.

Expansion of Title XIX Services

Under the JK Agreement, DHS must consider "additional services that may be covered by Title XIX funds" and must "evaluate on an ongoing basis whether additional services should be added to the state's Title XIX plan." To help fulfill these obligations:

- GREABHA's network management process is designed to continually assess network adequacy and to develop additional treatment resources in local communities. GREABHA will contract with local providers and agencies to offer behavioral health recipients a range of treatment options. GREABHA will also contract with non-traditional providers of behavioral health services to expand behavioral health recipients' access to care, such as contracting directly with PCPs in rural areas and supporting them to appropriately manage psychotropic medication services for behavioral health recipients who otherwise may not have access to psychiatric care. GREABHA also intends to contract with providers that serve the unique needs of diverse groups in culturally appropriate ways, such as contracting with traditional healers in Native American populations and contracting with faith-based organizations that provide community services.
- Over time, GREABHA will also partner with local provider organizations to develop additional treatment resources not currently available in local communities, by offering training, referrals, and special funding for the development of new treatment resources. New services may include research-supported and community-based treatment modalities such as Functional Family Therapy, Motivational Interviewing, peer-to-peer services, and Parent or Family Support Partners. In addition, GREABHA will open its networks in Greater Arizona to other service providers who wish to expand their services into rural areas, such as providers of in-home family therapy, wraparound substance abuse treatment for families, and therapeutic foster care settings.
- GREABHA will devote community development resources toward expanding the range of covered services available over time, using a "family, faith, and friends" model to identify potential support services in the community, and partnering with local businesses to conduct workforce development, faith-based organizations to offer support services, and other agencies to conduct culturally sensitive informational and outreach efforts. GREABHA will train and support behavioral health recipients who wish to become providers of peer-to-peer services, and family members who wish to become Family Support Partners. GREABHA will monitor family and peer providers to ensure that they are appropriately trained and qualified to offer these treatment resources to Greater Arizona behavioral health recipients in their local communities, and will offer free training to encourage more behavioral health recipients and family members to become support service providers."
- To provide ADHS/DBHS with data to support the continued expansion of covered services, GREABHA will monitor individual behavioral health recipients' progress in treatment over time to evaluate the outcomes of care, including services that are not currently covered by Title XIX funds (e.g., services funded through flex funds or Non-Title XIX funds). In the event that services not currently covered under Title XIX are determined to be clinically helpful to behavioral health recipients, GREABHA will provide feedback on those services to ADHS/DBHS so that ADHS/DBHS can consider adding those services to the Title XIX plan.

Flex Funds

Under the JK Settlement Agreement, DHS must also "designate $600,000 for use as flex funds."

- GREABHA will use available flex funds to provide services and supports that are not Medicaid-covered services, based on behavioral health recipient needs that are identified as per the behavioral health recipient's individualized treatment plan.
- Prioritization of Non-Title XIX funds will be based on a model of managing immediate crises, helping behavioral health recipients identify community supports, and assisting behavioral health recipients to become engaged in the process of care. Specific prioritization of Non-Title XIX funds is described in Section M.

Medication Practices

Under the JK Agreement, DHS must "develop practice guidelines for the monitoring of medications." As described in Section O of this document:

- GREABHA will use pharmacy data on psychotropic medications to monitor the prescribing of psychiatric medications, and to identify outliers (e.g., cases of polypharmacy)
- GREABHA will implement provider outreach and education activities based on the data collected, and will outreach providers in individual cases where a provider's prescribing does not comply with DHS's practice guidelines.
- In semi-monthly audits of all network providers, and related provider training activities, GREABHA will focus particularly on appropriate monitoring of behavioral health recipients who are prescribed psychiatric medications.

Child and Family Teams (i.e., 300 Kids Project)

Under the JK agreement, DHS was also required to "initiate a 300 Kids Project," which was done in March 2001. The 300 Kids Project piloted the concept of Child and Family Teams, and expanded into the Child and Family Team concept statewide. As described above and in Section G of this document:

- GREABHA will ensure that all children and their families are served through Child and Family Teams. It is our intent that every child served by the Arizona behavioral health treatment system will have a team and an individualized service plan, and that the plan will be periodically updated based on the child and family's changing needs
- GREABHA will serve as a central information clearinghouse to ensure that the Child and Family Team will continue throughout the child's entire involvement with the behavioral health treatment system and that care will be coordinated effectively among all providers and support services through which the child and family receive assistance
- GREABHA will ensure that the Child and Family Team ends only when the child reaches adulthood and the service plan provides for transition to the adult system of care (or, if a child is considered to no longer to need any behavioral health services, the service plan will be revised to become a plan for crisis interventions and relapse prevention, and will be kept on file in the event that the child should again require behavioral health services). When children reach the age of majority, GREABHA will proactively work with the child to re-engage him or her in the process of care and to help him or her enter the adult treatment system, so that the work of the Child and Family Team will flow seamlessly into the work of the behavioral health recipient's adult treatment team

Substance Abuse Services

As described in Section J, GREABHA will work to improve the quality of substance abuse treatment services available in Arizona. Specifically, GREABHA will sponsor provider training activities to:

- Promote the use of Motivational Interviewing principles in substance abuse treatment
- Develop new treatment alternatives targeted to the needs of specific high-risk populations such as behavioral health recipients with co-occurring substance abuse and mental illness
- Monitor and train providers in the provision of substance abuse services consistent with the Arizona principles for behavioral health care
- Work with local provider agencies to develop home-based substance abuse services that engage the entire family and offer wraparound support, following the model of the Arizona F.I.R.S.T. program in Maricopa County. GREABHA will promote the use of ASAM criteria to assess the substance abuse treatment needs of behavioral health recipients and their families
- Develop Adolescent Substance Abuse Day Programs

Quality Management and Improvement System

Under the JK Agreement, DHS must "change their quality management and improvement system so that it measures whether services to class members are consistent with and designed to achieve the Principles." GREABHA will enable the state to meet these obligations as follows:

- GREABHA will support DHS's annual planning process and external evaluation of behavioral health services delivered by the RBHA, and will develop internal Quality Improvement and Utilization Management work plans for the RBHA that will be submitted to ADHS/DBHS for approval. GREABHA will make every effort through this process to support the overall ADHS/DBHS quality improvement and utilization management work plans.
- GREABHA will improve ADHS/DBHS's access to key measures needed for effective quality management and improvement by creating a central data warehouse for all treatment-related information and behavioral health recipients' treatment plans.
- GREABHA will consolidate, combine, and contrast data from multiple GSAs in order to design customized interventions for local markets as well as overall interventions for Greater Arizona as a whole.
- GREABHA will conduct annual evaluations and will report progress on all measures on a quarterly basis in our Quality Improvement and Utilization Management work plans.
- As part of the annual work plans, each year GREABHA will conduct at least three clinical quality improvement activities that are designed to improve outcomes for Arizona mental health behavioral health recipients. Some GREABHA initiatives will involve targeted provider education to improve service availability and to address gaps in provider knowledge or practice patterns that are identified through the Quality Management and Improvement function. All annual action plans for the RBHA will be submitted for ADHS/DBHS review and approval.

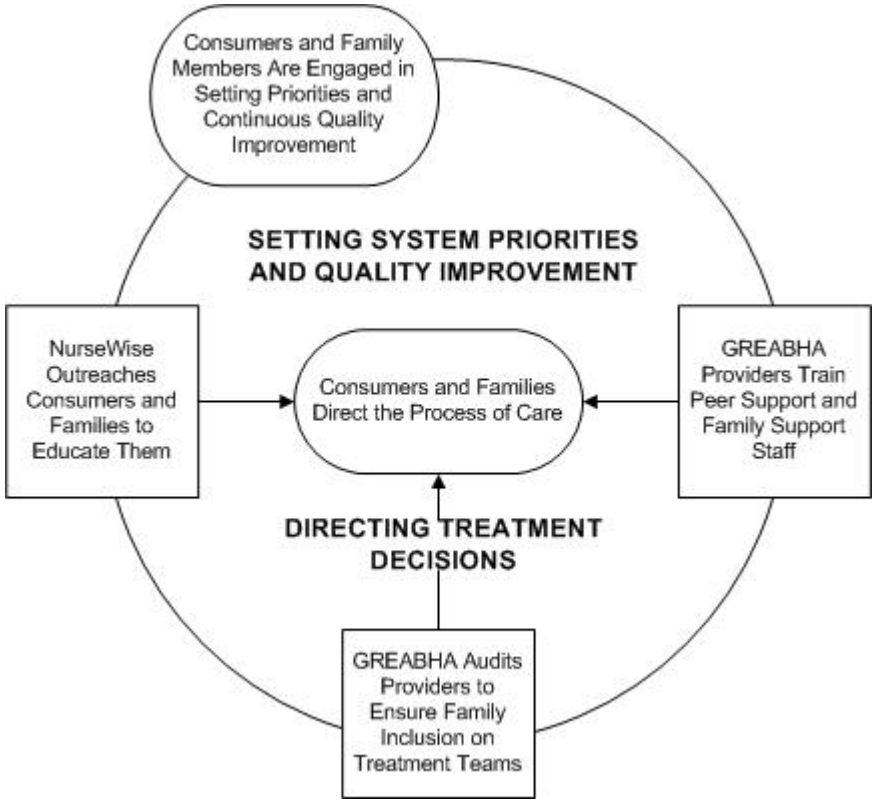
Plaintiff's Counsel and Other Stakeholders

Under the JK Agreement, DHS must "encourage the active involvement of Plaintiff's counsel in multi-agency committees and work groups concerned with strategies and activities designed to implement the terms of [the] Agreement," as well as "encourage active involvement of class members and their families, community stakeholders, RBHAs, DES and the Administrative Office

of the Courts and private providers in planning and evaluation activities related to implementation of [the] Settlement Agreement." GREABHA will support DHS's obligations as follows:

- GREABHA will support this obligation by promoting involvement of behavioral health recipients, community members, and other stakeholders in consumer and community advisory boards. These independent boards will report directly to the CEO of GREABHA, and will provide input into the annual Quality Improvement and Utilization Management work plans. These key stakeholders will also be invited to comment and participate in key initiatives such as clinical quality improvement activities conducted each year, and the content of provider training initiatives.
- GREABHA will also support this obligation by participating in ADHS/DBHS-sponsored committees, forums, and advisory groups, such as the ADHS/DBHS QM/UM Committee, the RBHA CEOs' meeting, and other cross-functional and multi-disciplinary groups designed to monitor and improve performance of the behavioral health system.

Behavioral health recipients and families will be included at all levels of the process of care, including directing care and allocating treatment resources at the individual level, as well as setting policies and reviewing data at the organizational level to promote continuous quality improvement. The following diagram shows the methods that GREABHA will use to involve behavioral health recipients and families in the process of care, including providing information to behavioral health recipients and families, monitoring and training providers to ensure a consumer-driven system, directly training and supporting behavioral health recipients and family members to become behavioral health service providers, and involving behavioral health recipients and family members as consultants and decision-makers at the highest levels of the organization.



r. Provider Training

Organization of Training Function

GREABHA's provider training activities will be coordinated by a Training Administrator who reports to the Clinical and Provider Services Administrator. The Training Administrator will be responsible for partnering with community provider organizations and other groups to identify training needs, for organizing and coordinating all provider training activities, and for monitoring the completion of training activities and training outcomes in terms of skill acquisition by providers. Training will be delivered either directly by GREABHA staff, or by trainers contracted with GREABHA. We will offer specialized technical assistance in implementing Child and Family Teams through a contract with The Southwest Network, which has successfully implemented the Child and Family Team model in its own operations, and which will share this successful model with Greater Arizona providers.

GREABHA will also contract with META Services (META), which has successfully implemented the recovery model for adults with serious and persistent mental illness; in addition to providing training on the recovery model from a consumer-driven perspective, META will offer technical assistance to provider agencies in re-designing their own organizational structures, processes, and clinical approach around the central concept of recovery. GREABHA also intends to partner with the National Alliance for the Mentally Ill (NAMI) to offer consumer-led training activities.

GREABHA will also contract with The Southwest Network, which has successfully implemented the child and family teams. In addition to providing training on the effective implementation of treatment teams, The Southwest Network will offer technical assistance to provider agencies in re-designing their own organizational structures, processes, and clinical approach around the central concept of maximizing consumer voice and choice and effectively utilizing paraprofessionals in the delivery of services.

GREABHA will utilize national training resources to facilitate network development and effective implementation of the Arizona principles. GREABHA has entered into discussions with the Research and Training Center on Family Support and Children's Mental Health, Portland State University and Wrap Around Milwaukee, Milwaukee, Wisconsin about being available for training and technical assistance to GREABHA upon contract award.

The Training Administrator, together with his staff, will be responsible for maintaining a list of recommended training topics, which will be developed and refined in collaboration with community providers, Consumer and Community Councils, ADHS/DBHS, and other stakeholders. GREABHA's Training Administrator will submit reports to the Quality Management Administrator, and training activities will be closely integrated with assessed community needs, as identified through the continuous quality improvement process of monitoring the behavioral health system's performance, and based on the unique cultural, demographic, clinical and risk characteristics of GREABHA's consumer population in each GSA.

GREABHA will employ two Provider Training staff members in each GSA (one clinical auditor/trainer and one non-clinical auditor/trainer). Each staff member will visit each provider agency at least twice a month or more frequently if needed, to conduct auditing and training activities. The clinical auditor/trainer will assess the effective implementation and composition of the behavioral health recipient treatment team, treatment records, and adherence to guidelines (e.g., ADHS/DBHS practice guidelines for medication management, treatment teams' inclusion of natural supports, assignment of a Clinical Liaison), while the non-clinical staff member will audit office procedures, policies and practices, and encounter submission practices. Additionally, both staff members will audit to ensure that provider agencies create welcoming and accessible environments.

1 *Training Personnel*

Position Title	Responsible for:	Reports To	GSA 1 - # of FTEs	GSA 2 - # of FTEs	GSA 4 - #of FTEs
Clinical and Provider Services Administrator	Oversees all clinical operations including technical assistance, problem resolution, customer service program administration, and provider contracting. Integrates contracting, training, technical assistance and monitoring into one department, to uniformly maximize compliance with the Arizona principles	Chief Executive Officer	1		
Training Administrator	Partners with provider agencies, behavioral health recipients and families, and community stakeholders to identify areas of need for training activities Obtains necessary resources for the training program, including contracting with outside experts to conduct trainings, and recruiting consumers and family members to conduct trainings Supervises provider training staff Coordinates reporting of training needs identified, trainings completed, and outcomes of training	Clinical and Provider Services Administrator	1		
Quality Management Administrator	Implements the QM program, including collaboration with the Training department and with IS and IT staff to ensure that training program data are tracked and reported accurately	Chief Medical Officer	1		
Provider Training and Assistance Specialist (Clinician)	Auditing clinical records at provider sites for adherence to the Arizona principles Conducting and/or coordinating trainings on clinical topics at provider sites	Training Administrator	1	0.5	0.5
Provider Training and Assistance Specialist (Non-Clinical)	Auditing appointment availability, access to care, engagement and re-engagement of behavioral health recipients Conducts work force audits Conducting and/or coordinating trainings on operational topics	Training Administrator	1	0.5	0.5
Data support	Analyzes and reports data on provider trainings completed and outcomes of training activities	Clinical and Provider Services Administrator	1	0.5	0.5

Financial Resources Devoted to Provider Training

GREABHA will financially support the provider training program. This will include funding at least the following dedicated resources to focus on provider training activities:

- Adequate staffing for semi-monthly training activities at each provider agency in GREABHA's network, including at least two staff members per service area in the Provider Training and Assistance Team, one of whom is a clinician.
- Provider training and technical assistance programs offered through subcontracts with organizations that have been successful in implementing the Arizona principles, such as The Southwest Network, META Services, in addition to the training provided directly by GREABHA staff.
- Sponsoring training programs and workshops for behavioral health recipients who wish to develop skills as peer-to-peer counselors and family members who wish to become Family Support Partners
- Equipment for video or Internet-based training of provider agencies, particularly providers in rural areas who may not otherwise have access to adequate clinical supervision
- Web-based provider training programs offered through the Arizona Telebehavioral Health Network or other Internet-based training resources
- Adequate staffing (including both local FTEs in Arizona and Centene corporate resources) for data analysis and provider profiling activities and for integration of provider training activities with the continuous quality improvement process
- Adequate staffing (including both local FTEs in Arizona and Centene corporate resources) and review by outside experts (including local providers, behavioral health recipients, family members, other local stakeholders, and a national advisory committee of behavioral health experts) to give appropriate clinical feedback to providers about profiling results and work with them to develop action plans
- Contracting with outside clinical experts to develop clinical training programs and provide presentations to train providers in Arizona about best-practice treatment models, such as Motivational Interviewing interventions for substance abuse disorders, in-home support services to prevent at-risk children from being placed in a residential setting (e.g., Arizona F.I.R.S.T. model and others), and Forensic Assertive Community Treatment (FACT) for behavioral health recipients who are also involved in the criminal justice system

Process for Identifying and Prioritizing Training Needs

GREABHA will partner with provider agencies, behavioral health recipients, families, ADHS/DBHS and other stakeholders to create a "training community" that collaboratively identifies and addresses behavioral health training needs. GREABHA will partner with other community agencies and government departments to identify core training needs, to pool training resources, and to cross-train staff members in key content areas so that the behavioral health system will integrate more effectively with other service providers and meet behavioral health recipients' and families' needs. Some examples of methods for identifying training topics are given below:

- Training needs will be identified from contractual requirements and the Arizona principles, including the principles of promoting behavioral health recipient access to care, instilling hope, and creating a welcoming environment that promotes recovery
- Training needs will be identified based on the CLAS standards for cultural competency, and on the unique cultural characteristics and community needs identified in each GSA
- Training needs will be identified from the continuous quality improvement process, including data gathered through behavioral health recipient satisfaction surveys, provider satisfaction surveys, complaints and appeals data, utilization data, and critical incident/sentinel event reviews.
- GREABHA's Quality Management or Network Management Departments may also suggest training topics based on best-practice innovations in other areas, innovations in the published

research literature, or promising practices developed by successful provider agencies in Arizona.

- Training needs may be identified by the Training Department in collaboration with the leadership of community service delivery agencies or provider agencies
- Training needs may be identified through GREABHA's Consumer and Community Advisory Councils, based on community needs and behavioral health recipients' and families' suggestions for the continuing expansion of covered services and the evolution of the behavioral health service delivery system

To prioritize development of provider trainings on identified areas of need, GREABHA's Training Administrator will be responsible for maintaining a list of training needs identified by various stakeholders, including the person or group that identified the training need, the rationale for the training, and any notes regarding the recommended content for the training. An updated list of requested or recommended trainings will be reviewed at the monthly Provider Network Committee meeting, and recommendations will be forwarded to the Quality Management Committee (QMC).

The Quality Management Committee, which includes behavioral health recipients and family members and which seeks additional input from the provider community through its provider advisory group, the Clinical Subcommittee, will be responsible for prioritizing training topics and activities. Current training priorities will be shared with the CEO and executive management, and will be posted on GREABHA's provider and member websites for further community review and input.

All feedback and suggestions received will be forwarded to the Training Administrator, including feedback from providers obtained as part of the semi-monthly audit and training sessions at each provider agency. The Training Administrator will then incorporate this feedback for consideration by the Quality Management Committee, behavioral health recipients, and providers at the next monthly meeting so that that training activities can be redesigned or reprioritized as necessary.

Development and Review of Training Materials

GREABHA will work with community stakeholders to develop training materials on prioritized topics:

- GREABHA will hire expert consultants (either nationally or from within the Arizona provider community) to develop and offer training on best practices to Arizona providers. The Southwest Network will develop program content with GREABHA Approval that addresses processes for implementing the Arizona principles and other contract-required topics, based on their successful implementation of the Child and Family Team model. META Services will provide program content related to the recovery model.
- GREABHA will develop additional training materials on various clinical topics, cultural competency (including the CLAS standards), Disability Sensitivity Training, best practices, and other issues. For some training topics, GREABHA will contract with clinical experts in various areas—e.g., behavioral health experts at the University of New Mexico, Portland State University, and Wrap Around Milwaukee—to develop customized training materials.
- Training materials will be developed in cooperation with the GREABHA Intergovernmental Relations Department, in cases where the training topics focus on coordination with Child Protective Services, the Department of Juvenile Justice, local police departments, or other agencies that have a stake in improving behavioral health services delivery.

GREABHA will ensure that community stakeholders are actively engaged in reviewing, editing, and approving all training materials prior to their use with the provider community:

- Through the QMC, CBH and GREABHA's internal clinical experts will review and provide input into all training presentations. Provider training presentations will also be reviewed by GREABHA's Quality Improvement Clinical Subcommittee, which includes providers in various behavioral health specialties from around the country. This review process by a body of expert clinicians will ensure that training programs address relevant clinical topics and incorporate the best findings from current research and clinical practice standards.

- Training materials will be reviewed and approved by behavioral health recipients, family members, and other community stakeholders through their participation on the Quality Management Committee, as well as through GREABHA's Consumer Advisory Council and Community Advisory Councils. Consumers will be invited and compensated to provide sections of various training modules from a behavioral health recipient's perspective, including portions of trainings provided on videotape, by videoconference, or during in-person training presentations.

Training of New and Existing Providers

In collaboration with providers, behavioral health recipients, family members, and other community stakeholders, GREABHA will develop a training orientation for all new providers. New prospective agencies will be trained and approved to become providers upon successful completion of core training requirements. Upon approval and award of a contract, new agencies will receive ongoing technical assistance, observation and mentoring to insure new agencies become competent and successful in the provision of services. Initial training topics to be covered with new agencies at the time they enter the network will include at least the following:

- The GREABHA system overview and structure
- The Arizona principles, including a focus on recovery and wellness
- The ADHS/DBHS Provider Manual
- Confidentiality practices and HIPAA requirements
- Customer Service principles and procedures
- Cultural Competency principles and techniques, based on the CLAS standards
- Covered Services Guidelines and encounter/claims processes
- Access to care and service delivery processes and procedures
- Quality management strategies, including provider dashboard reports

GREABHA will provide training at least annually to existing providers as a refresher on the Arizona principles, the ADHS/DBHS Provider Manual, HIPAA and confidentiality, and cultural competency. Based on assessed community training needs and the results of ongoing quality improvement data monitoring audits, GREABHA will also present trainings to enhance providers' adherence to the Arizona principles, Provider Manual, and ADHS/DBHS Strategic Plan, including:

- Compliance with ADHS/DBHS appointment availability and access to care standards
- Compliance with ADHS/DBHS standards for managing referrals, including timely assessment, engagement, completion of the Strengths and Culture Discovery, formation of the Child and Family Team or treatment team, and assignment of a Clinical Liaison
- Compliance with ADHS/DBHS standards for re-engaging behavioral health recipients in treatment

Relationship of Training to Other Functions

As noted above, GREABHA's Training Department will be highly integrated with the Quality Management Department, and training needs will be identified as part of the continuous quality improvement process. GREABHA's Training Department will also work closely with peer support providers, Consumer and Community Councils, and GREABHA's Intergovernmental Relations Department to more effectively partner with the provider community and other stakeholders in identifying training topics and in providing training opportunities that will be of practical use to providers and will advance the implementation of the Arizona principles.

Methods for Delivering Training

In partnership with provider agencies, GREABHA will design multi-channel training activities that can be accessed by providers in a variety of ways. **GREABHA will use the provider component of its centralized data information system as a Learning Management System to track providers' completion of required training activities, to outreach providers when required trainings have not been completed, and to ensure that providers who miss a training opportunity are able to receive the same information in other ways.** The

maintenance of up-to-date information and data integrity are crucial to ensuring that providers acquire new skills in a timely manner.

GREABHA will sponsor trainings using the following formats:

- GREABHA staff will conduct semi-monthly visits to each provider group, which will include conducting workshops and training activities as identified in collaboration with provider agencies' leadership and as prioritized by the Provider Training and Assistance Team.
- GREABHA will sponsor a Clinical Supervisory Forum to enhance the skills of supervisors and give them the ability to train and mentor their subordinates. By disseminating good training and supervision practices to provider organizations' clinical leadership, GREABHA will strive to create a "culture of training" throughout the system of care, rather than a "compliance" mentality.
- GREABHA will offer videoconference training for providers in rural areas, where on-the-ground training might not be feasible because providers are so widely geographically distributed.
- GREABHA will provide web-based trainings in collaboration with ADHS/DBHS's Arizona TeleBehavioral Health Network GREABHA will develop online training tools that make online presentations available to practitioners, track online training activities, and assess providers' mastery of the content. Content for all training programs will be licensed from behavioral health experts and/or custom developed by CBH and GREABHA's clinical experts.

Outcomes of Training

GREABHA will assess network providers' training needs and network providers' satisfaction with the available training programs, to further improve the quality of available training programs. In addition to monitoring provider completion of training activities and providers' satisfaction with the "real-world" usefulness of training activities, GREABHA will assess providers' acquisition of needed skills based on the completion of training activities. GREABHA's centralized information system will allow us to tie provider-specific data on trainings completed to provider-specific data on the process of treatment (e.g., provider agencies' success in meeting access standards, forming Child and Family Teams, assigning Clinical Liaisons) and the outcomes of treatment (e.g., behavioral health recipients' achievement of desired goals, functioning in daily life, and ability to perform meaningful daily activities).

s. Serving Persons Discharged from Level I Facilities

Inpatient hospitalization is associated with a risk for impaired functioning, and each successive hospitalization episode puts a behavioral health recipient at greater risk for subsequent hospitalizations. Furthermore, the transition from the highly structured environment of inpatient care to a less-structured community environment, together with the transition to different providers or services, can put behavioral health recipients at great risk for "falling through the cracks" during the days and weeks after they are discharged from inpatient care. GREABHA will use several methods to help behavioral health recipients stabilize their condition and transition back to the community during this high-risk period:

- Staff in the GREABHA Utilization Management Department will work with hospitals' outpatient discharge planners to ensure that behavioral health recipients are not discharged without having a follow-up appointment scheduled. GREABHA will also provide hospitals with a consumer-oriented brochure that describes follow-up treatment options and the importance of ongoing care.
- Through ongoing network development efforts, GREABHA will partner with local provider organizations to develop transition teams that work with behavioral health recipients while they are still hospitalized, to help them complete a personalized recovery plan and coordinate follow-up care. GREABHA will also support peer-to-peer outreach services that provide visitation to behavioral health recipients while they are hospitalized, using peer support to actively engage them in care.
- GREABHA's contracts with behavioral health network providers require that prior to hospital discharge all behavioral health recipients are scheduled for an outpatient follow-up within a maximum of seven days, and that providers contact behavioral health recipients who have missed appointments to reschedule appointments within 24 hours. GREABHA will monitor and work with providers to improve appointment availability; with a goal of ensuring that behavioral health recipients receive a follow-up appointment within just 3 days after hospital discharge. In the event that providers are nonadherent to follow-up appointment timeliness standards, GREABHA will institute training efforts and corrective action plans to bring providers back into compliance.
- GREABHA will conduct ongoing network development efforts to ensure adequate appointment availability, especially for high-demand specialties like child psychiatry. In exceptional circumstances, GREABHA will refer to out-of-network providers when timely appointments are not available in-network. GREABHA will also consider paying providers to hold standing open appointment slots, to ensure crisis availability and timely follow-up after discharge.
- After hospital discharge, GREABHA will provide a high-risk case management program to promote appropriate follow-up care. In this program, case managers call the behavioral health recipient to remind him/her of the scheduled appointment and to verify that the appointment was completed. For children, the case manager will work with the family to integrate the child back into his or her family environment, with support from in-home services offered by GREABHA's contracted providers. GREABHA will maintain a list of behavioral health recipients who are designated as "high risk," including all Medicaid behavioral health recipients who have been hospitalized for mental health or chemical dependency; case managers ensure that appropriate follow-up treatment plans are in place and care is provided. GREABHA's staff will help behavioral health recipients locate community resources, such as Alcoholics Anonymous groups or other community-based support services. High-risk case reviews occur weekly.

t. Culturally Competent, Regional Prevention System Based on Best Practices – GSA 1

GREABHA will partner with providers and community organizations to implement a culturally competent, regional prevention system in GSA 1 in concert with ADHS/DBHS. Activities will include:

- Primary (global) prevention programs that inform consumers about symptoms of substance abuse, child abuse, suicide and reduce stigma related to seeking assistance
- Secondary (targeted) prevention activities that provide targeted information to consumers who have identified risk factors for substance abuse, child abuse and suicide
- Tertiary (indicated) prevention activities to assist behavioral health recipients who are already involved in the system of care but who are at risk for substance abuse, child abuse and suicide

Specific interventions will be designed in GSA 1 in consultation with local provider agencies and in partnership with government agencies and with Consumer and Community Councils, and are expected to include a focus on areas that have been prioritized by ADHS/DBHS for the use of block grant funds.

We will use the CLAS standards as our guide to structuring our prevention programs

Primary (Global) Prevention

Centene, GREABHA's parent company, has experience conducting mass outreach efforts to inform Medicaid consumers about available services and the benefits of care. For example, in Texas and New Jersey, Centene health plans use billboard advertising to outreach persons who are Title XIX eligible, and to inform them about the benefits of receiving prenatal care. Similar programs will be implemented in Greater Arizona to inform consumers about the availability of behavioral health services and the benefits of services, especially services for substance abuse problems and depression/suicidal thoughts.

GREABHA's primary prevention programs will be designed to inform persons who are Title XIX eligible about the availability of behavioral health services, particularly services for substance abuse or depression, or for abusive family situations where child abuse is likely, and how to access care. GREABHA will partner with consumers and advocacy organizations to develop mass-communication messages that provide accurate and effective messages about mental illness, in order to reduce stigma.

GREABHA will provide outreach to each consumer at the time of plan enrollment, as described in Volume 3, Section H, using repeated contact attempts by telephone and postal mail to outreach each consumer. In addition to these individual-based outreach efforts, GREABHA will support a system of outreach to consumers in underserved groups. GREABHA's Field Outreach Workers will attend various community events and businesses that cater to consumers who belong to specific cultural groups (e.g. Native American pow-wows). Participation in relevant community forums is essential to familiarize underserved groups with GREABHA's services, and to help educate the community regarding behavioral health issues, prevention and early intervention and how to access care. Screening activities can be conducted at these events, such as a self-screening for depression; in addition, GREABHA Field Outreach Workers can assist eligible consumers to enroll for Title XIX/XXI funds or to access services through GREABHA.

Possible examples of community outreach activities are:

- Sponsoring a booth at local health fairs, or health promotion activities and cultural events
- Outreach to local school districts and presentations to PTAs or other school groups regarding behavioral health issues

- Mass advertising (e.g., billboards) to identify common mental health and substance abuse issues, reduce stigma, identify the benefits of treatment, and inform at-risk persons about ways to access services

Goals of primary prevention programs are to increase community awareness of behavioral health conditions, including their symptoms and the availability of effective Interventions. **Objectives** are to reduce community members' fear of behavioral health issues, to reduce the stigma associated with behavioral health, and to promote awareness of and access to treatment for individuals who have a behavioral health condition. Success in reaching these objectives will be **evaluated** in terms of the percentage of individuals accessing behavioral health services (penetration rate). The program will be judged successful if the penetration rate increases. All prevention programs will be evaluated in terms of progress on measurable objectives, by the Quality Management Committee, Consumer and Community Advisory Councils and Cultural Expert.

Secondary (Targeted) Prevention

GREABHA will leverage CBH's experience conducting targeted prevention outreach efforts to groups that are at risk for behavioral health conditions, through partnerships with health plans and organizations that have contact with at-risk persons. CBH conducts focused outreach efforts, in collaboration with these partner organizations, to offer training about specific behavioral health conditions and their treatment to specific at-risk persons who may benefit from services.

CBH begins its secondary and tertiary prevention activities with a thorough review of the population served, including demographic, cultural, clinical, and risk characteristics. Population-level data about Title XIX/XXI enrollees' characteristics and potential behavioral health needs are gathered from various sources, including census data, eligibility data, encounter data, pharmacy data, service request data, translation request data, and input from providers and from Consumer and Community Boards regarding Title XIX/XXI enrollees' service needs. A high-level overview of population characteristics and needs is prepared annually for each population that CBH serves.

Next, CBH partners with other organizations that serve Title XIX/XXI enrollees to jointly identify persons who may benefit from behavioral health services, but who are currently underserved. As described in Sections F, H, and I, GREABHA will work collaboratively with the Child Welfare Department, the Arizona Department of Corrections (DOC), the Administrative Office of the Courts (AOC), the Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) , Division of Developmental Disabilities (ADES/DDD), Child Protective Services (ADES/CPS), and Division of Children, Youth & Families (ADES/DCYF), the Arizona Department of Juvenile Corrections (ADJC), the Arizona Department of Housing, AHCCCS, first responders such as local police departments in GSA 1 and on tribal reservations, and community schools, to identify populations that have a high likelihood of under-identified and under-treated behavioral health conditions.

- In other markets, CBH has partnered with health plans to identify groups such as women at risk for postpartum depression (which is a risk factor for both suicidality and child abuse), children with behavioral health disorders, and adults with chronic medical conditions who may be at risk for depression, substance abuse, or suicide.
- CBH currently works with school districts in Arizona to identify and provide services to children whose behavioral health conditions make it difficult for them to function at school, including children who have been abused and children with substance abuse disorders. GREABHA will expand CBH's school-based outreach efforts into Greater Arizona.
- GREABHA will conduct in-person outreach to homeless persons, including outreach through shelters, soup kitchens, and other agencies that serve the homeless (see Section H).
- GREABHA will identify at-risk persons through liaison activities with local and county jails, the Arizona Department of Corrections, the Arizona Department of Juvenile Corrections, and

other correctional agencies (see Section I). Individuals involved in the criminal justice system may be particularly at risk for substance abuse and suicidality.

Third, GREABHA will work with partner organizations to find ways of identifying individual persons in these targeted high-risk populations. For example, pregnant women at risk for depression and child abuse due to possible postpartum depression may be identified from health plan records, or children at risk for out-of-home placement due to child abuse may be identified from CPS records. GREABHA then will design targeted outreach methods to provide specific behavioral health information to persons who are at risk for mental health or substance abuse conditions. Informational outreach can take the form of written materials (e.g., "What You Should Know About Postpartum Depression") or peer-to-peer outreach calls contracted through the NurseWise service. In these outreach campaigns, consumers are informed of a variety of options for accessing care, including selecting a provider from GREABHA's provider directory or calling GREABHA directly for assistance. GREABHA can also help refer at-risk persons or families to specific services that can assist them, such as services modeled after the Arizona F.I.R.S.T. program in Maricopa County, which provides a wraparound approach to in-home services, treating the whole family for problems related to substance abuse and potential child abuse in order to prevent out-of-home placement when possible.

Goals of secondary prevention programs are to increase awareness among targeted at-risk populations of the signs and symptoms of behavioral health conditions, so that individuals in these populations who have behavioral health conditions can receive appropriate evaluation and treatment. **Objectives** are to inform potential behavioral health recipients about common conditions that they may be at risk for, and to assist them in accessing services. Success in reaching these objectives will be **evaluated** in terms of the number of at-risk persons who receive targeted program materials, and the number who are evaluated and subsequently enter behavioral health treatment when a problem is identified. The program will be judged successful if there is an increase in the number of at-risk individuals who are screened for targeted behavioral health disorders and who subsequently receive any needed treatment. All prevention programs will be evaluated in terms of progress on measurable objectives by the Quality Management Committee and the Consumer and Community Advisory Councils and Cultural Expert.

Tertiary (Indicated) Prevention

CBH has experience conducting tertiary (indicated) prevention for persons who are already recipients of behavioral health services, but who may be at risk for exacerbation of their symptoms or at risk for negative treatment outcomes. CBH currently conducts indicated prevention activities for individuals with a history of multiple hospitalizations, co-occurring mental health and substance abuse conditions, or co-occurring mental health and chronic medical conditions (which increase risk for depression and for suicidal thoughts and actions). CBH's tertiary prevention activities generally take the form of care coordination between behavioral health recipients and their care providers, including coordinating care between mental health and substance abuse providers and PCPs, and coordinating care among behavioral health providers and community supports at different levels of care. CBH produces targeted materials for these specific at-risk groups, maintains a registry of high-risk cases, and monitors case management and care coordination services provided to these individuals by our network.

Goals of tertiary prevention programs are to inform at-risk behavioral health recipients about available treatment options, and to help prevent relapse or exacerbation of symptoms. **Objectives** are to increase the behavioral health recipient's engagement in treatment and to re-engage at-risk behavioral health recipients during level-of-care transitions. Success in reaching these objectives will be **evaluated** in terms of the number of at-risk persons who receive appropriate behavioral health treatment (e.g., improved service plan adherence) and who avoid negative outcomes (e.g., reductions in the rehospitalization rate). All prevention programs will be evaluated in terms of progress on measurable objectives, by the Quality Management Committee, Consumer and Community Advisory Council and Cultural Expert.

t. Culturally Competent, Regional Prevention System Based On Best Practices – GSA 2

GREABHA will partner with providers and community organizations to implement a culturally competent, regional prevention system in GSA 2 in concert with ADHS/DBHS. Activities will include:

- Primary (global) prevention programs that inform consumers about symptoms of substance abuse, child abuse, suicide and reduce stigma related to seeking assistance
- Secondary (targeted) prevention activities that provide targeted information to consumers who have identified risk factors for substance abuse, child abuse and suicide
- Tertiary (indicated) prevention activities to assist behavioral health recipients who are already involved in the system of care but who are at risk for substance abuse, child abuse and suicide

Specific interventions will be designed in GSA 1 in consultation with local provider agencies and in partnership with government agencies and with Consumer and Community Councils, and are expected to include a focus on areas that have been prioritized by ADHS/DBHS for the use of block grant funds.

We will use the CLAS standards as our guide to structuring our prevention programs

Primary (Global) Prevention

Centene, GREABHA's parent company, has experience conducting mass outreach efforts to inform Medicaid consumers about available services and the benefits of care. For example, in Texas and New Jersey, Centene health plans use billboard advertising to outreach persons who are Title XIX eligible, and to inform them about the benefits of receiving prenatal care. Similar programs will be implemented in Greater Arizona to inform consumers about the availability of behavioral health services and the benefits of services, especially services for substance abuse problems and depression/suicidal thoughts.

GREABHA's primary prevention programs will be designed to inform persons who are Title XIX eligible about the availability of behavioral health services, particularly services for substance abuse or depression, or for abusive family situations where child abuse is likely, and how to access care. GREABHA will partner with consumers and advocacy organizations to develop mass-communication messages that provide accurate and effective messages about mental illness, in order to reduce stigma and to promote acceptance of behavioral health consumers in the general community.

GREABHA will provide outreach to each consumer at the time of plan enrollment, as described in Volume 3, Section H, using repeated contact attempts by telephone and postal mail to outreach each consumer. In addition to these individual-based outreach efforts, GREABHA will support a system of outreach to consumers in underserved groups. GREABHA's Field Outreach Workers will attend various community events and businesses that cater to consumers who belong to specific cultural groups (e.g. Native American pow-wows). Participation in relevant community forums is essential to familiarize underserved groups with GREABHA's services, and to help educate the community regarding behavioral health issues, prevention and early intervention and how to access care. Screening activities can be conducted at these events, such as a self-screening for depression; in addition, GREABHA Field Outreach Workers can assist eligible consumers to enroll for Title XIX/XXI funds or to access services through GREABHA.

Possible examples of community outreach activities are:

- Sponsoring a booth at local health fairs, health promotion activities and cultural events

- Outreach to local school districts and presentations to PTAs or other school groups regarding behavioral health issues
- Mass advertising (e.g., billboards) to identify common mental health and substance abuse issues, reduce stigma, identify the benefits of treatment, and inform at-risk persons about ways to access services

Goals of primary prevention programs are to increase community awareness of behavioral health conditions, including their symptoms and the availability of effective Interventions. **Objectives** are to reduce community members' fear of behavioral health issues, to reduce the stigma associated with behavioral health, and to promote awareness of and access to treatment for individuals who have a behavioral health condition. Success in reaching these objectives will be **evaluated** in terms of the percentage of individuals accessing behavioral health services (penetration rate). The program will be judged successful if the penetration rate increases so that more persons with common behavioral health conditions receive services. All prevention programs will be evaluated in terms of progress on measurable objectives, by the Quality Management Committee, Consumer and Community Advisory Councils and Cultural Expert.

Secondary (Targeted) Prevention

GREABHA will leverage CBH's experience conducting targeted prevention outreach efforts to specific groups that are at risk for behavioral health conditions, through partnerships with health plans and other organizations that have contact with at-risk persons. CBH conducts focused outreach efforts, in collaboration with these partner organizations, to offer training about specific behavioral health conditions and their treatment to specific at-risk persons who may benefit from services.

CBH begins its secondary and tertiary prevention activities with a thorough review of the population served, including demographic, cultural, clinical, and risk characteristics. Population-level data about Title XIX/XXI enrollees' characteristics and potential behavioral health needs are gathered from various sources, including census data, eligibility data, encounter data, pharmacy data, service request data, translation request data, and input from providers and from Consumer and Community Boards regarding Title XIX/XXI enrollees' service needs. A high-level overview of population characteristics and needs is prepared annually for each population that CBH serves.

Next, CBH partners with other organizations that serve Title XIX/XXI enrollees to jointly identify persons who may benefit from behavioral health services, but who are currently underserved. As described in Sections F, H, and I, GREABHA will work collaboratively with the Child Welfare Department, the Arizona Department of Corrections (DOC), the Administrative Office of the Courts (AOC), the Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) , Division of Developmental Disabilities (ADES/DDD), Child Protective Services (ADES/CPS), and Division of Children, Youth & Families (ADES/DCYF), the Arizona Department of Juvenile Corrections (ADJC), the Arizona Department of Housing, AHCCCS, first responders such as local police departments in GSA 2 and on tribal reservations, and community schools, to identify populations that have a high likelihood of under-identified and under-treated behavioral health conditions.

- In other markets, CBH has partnered with health plans to identify groups such as women at risk for postpartum depression (which is a risk factor for both suicidality and child abuse), children with behavioral health disorders, and adults with chronic medical conditions who may be at risk for depression, substance abuse, or suicide.
- CBH currently works with school districts in Arizona to identify and provide services to children whose behavioral health conditions make it difficult for them to function at school, including children who have been abused and children with substance abuse disorders. GREABHA will expand CBH's school-based outreach efforts into Greater Arizona.
- GREABHA will conduct in-person outreach to homeless persons, including outreach through shelters, soup kitchens, and other agencies that serve the homeless (see Section H).

- GREABHA will identify at-risk persons through liaison activities with local and county jails, the Arizona Department of Corrections, the Arizona Department of Juvenile Corrections, and other correctional agencies (see Section I). Individuals involved in the criminal justice system may be particularly at risk for substance abuse and suicidality.

Third, GREABHA will work with partner organizations to find ways of identifying individual persons in these targeted high-risk populations. For example, pregnant women at risk for depression and child abuse due to possible postpartum depression may be identified from health plan records, or children at risk for out-of-home placement due to child abuse may be identified from CPS records. GREABHA then will design targeted outreach methods to provide specific behavioral health information to persons who are at risk for mental health or substance abuse conditions. Informational outreach can take the form of written materials (e.g., "What You Should Know About Postpartum Depression") or peer-to-peer outreach calls contracted through the NurseWise service. In these outreach campaigns, consumers are informed of a variety of options for accessing care, including selecting a provider from GREABHA's provider directory or calling GREABHA directly for assistance. GREABHA can also help refer at-risk persons or families to specific services that can assist them, such as services modeled after the Arizona F.I.R.S.T. program in Maricopa County, which provides a wraparound approach to in-home services, treating the whole family for problems related to substance abuse and potential child abuse in order to prevent out-of-home placement when possible.

Goals of secondary prevention programs are to increase awareness among targeted at-risk populations of the signs and symptoms of behavioral health conditions, so that individuals in these populations who have behavioral health conditions can receive appropriate evaluation and treatment. **Objectives** are to inform potential behavioral health recipients about common conditions that they may be at risk for, and to assist them in accessing services. Success in reaching these objectives will be **evaluated** in terms of the number of at-risk persons who receive targeted program materials, and the number who are evaluated and subsequently enter behavioral health treatment when a problem is identified. The program will be judged successful if there is an increase in the number of at-risk individuals who are screened for targeted behavioral health disorders and who subsequently receive any needed treatment. All prevention programs will be evaluated in terms of progress on measurable objectives, by the Quality Management Committee, Consumer and Community Advisory Councils and Cultural Expert.

Tertiary (Indicated) Prevention

CBH has experience conducting tertiary (indicated) prevention for persons who are already recipients of behavioral health services, but who may be at risk for exacerbation of their symptoms or at risk for negative treatment outcomes. CBH currently conducts indicated prevention activities for individuals with a history of multiple hospitalizations, co-occurring mental health and substance abuse conditions, or co-occurring mental health and chronic medical conditions. CBH's tertiary prevention activities generally take the form of care coordination between behavioral health recipients and their care providers, including coordinating care between mental health and substance abuse providers and PCPs, and coordinating care among behavioral health providers and community supports at different levels of care (e.g., during transitions from inpatient to outpatient and community-based care). CBH produces targeted materials for these specific at-risk groups, maintains a registry of high-risk cases, and monitors case management and care coordination services provided to these individuals by our network.

Goals of tertiary prevention programs are to inform at-risk behavioral health recipients about available treatment options, and to help prevent relapse or exacerbation of symptoms. Objectives are to increase the behavioral health recipient's engagement in treatment and to re-engage at-risk behavioral health recipients during level-of-care transitions. Success in reaching these objectives will be evaluated in terms of the number of at-risk persons who receive appropriate behavioral health treatment (e.g., improved service plan adherence) and who avoid negative outcomes (e.g., reductions in the rehospitalization rate). All prevention programs will be evaluated in terms of progress on measurable objectives, by the Quality Management Committee, Consumer and Community Advisory Councils and Cultural Expert.

t. Culturally Competent, Regional Prevention System Based On Best Practices – GSA 4

GREABHA will partner with providers and community organizations to implement a culturally competent, regional prevention system in GSA 4 in concert with ADHS/DBHS. Activities will include:

- Primary (global) prevention programs that inform consumers about child abuse, substance abuse and suicide, available behavioral health services, and that attempt to reduce the stigma of accessing services
- Secondary (targeted) prevention activities that provide targeted information to consumers who have identified risk factors for child abuse, substance abuse and suicide
- Tertiary (indicated) prevention activities to assist behavioral health recipients who are already involved in the system of care but who are at risk for child abuse, substance abuse and suicide

Specific interventions will be designed in GSA 4 in consultation with local provider agencies, in partnership with government agencies and with Consumer and Community Councils.

We will use the CLAS standards as our guide to structuring our prevention programs.

Primary (Global) Prevention

Centene, GREABHA's parent company, has experience conducting mass outreach efforts to inform Medicaid consumers about available services and the benefits of care. For example, in Texas and New Jersey, Centene health plans use billboard advertising to outreach persons who are Title XIX eligible, and to inform them about the benefits of receiving prenatal care. Similar programs will be implemented in Greater Arizona to inform consumers about the availability of behavioral health services and the benefits of services, especially services for substance abuse problems and depression/suicidal thoughts.

GREABHA's primary prevention programs will be designed to inform persons who are Title XIX eligible about the availability of behavioral health services, particularly services for substance abuse or depression, or for abusive family situations where child abuse is likely, and how to access care. GREABHA will partner with consumers and advocacy organizations to develop mass-communication messages that provide accurate and effective messages about mental illness, in order to reduce stigma and to promote acceptance of behavioral health consumers in the general community.

GREABHA will provide outreach to each consumer at the time of plan enrollment, as described in Volume 3, Section H, using repeated contact attempts by telephone and postal mail to outreach each consumer. In addition to these individual-based outreach efforts, GREABHA will support a system of outreach to consumers in underserved groups. GREABHA's Field Outreach Workers will attend various community events and businesses that cater to consumers who belong to specific cultural groups (e.g. Native American pow-wows). Participation in relevant community forums is essential to familiarize underserved groups with GREABHA's services, and to help educate the community regarding behavioral health issues, prevention and early intervention and how to access care. Screening activities can be conducted at these events, such as a self-screening for depression; in addition, GREABHA Field Outreach Workers can assist eligible consumers to enroll for Title XIX/XXI funds or to access services through GREABHA.

Possible examples of community outreach activities are:

- Sponsoring a booth at local health fairs, health promotion activities and cultural events
- Outreach to local school districts and presentations to PTAs or other school groups regarding behavioral health issues

- Mass advertising (e.g., billboards) to identify common mental health and substance abuse issues, reduce stigma, identify the benefits of treatment, and inform at-risk persons about ways to access services

Goals of primary prevention programs are to increase community awareness of behavioral health conditions, including their symptoms and the availability of effective Interventions. **Objectives** are to reduce community members' fear of behavioral health issues, to reduce the stigma associated with behavioral health, and to promote awareness of and access to treatment for individuals who have a behavioral health condition. Success in reaching these objectives will be **evaluated** in terms of the percentage of individuals accessing behavioral health services (penetration rate). The program will be judged successful if the penetration rate increases so that more persons with common behavioral health conditions receive services. All prevention programs will be evaluated in terms of progress on measurable objectives, by the Quality Management Committee, Consumer and Community Advisory Councils and Cultural Expert.

Secondary (Targeted) Prevention

GREABHA will leverage CBH's experience conducting targeted prevention outreach efforts to specific groups that are at risk for behavioral health conditions, through partnerships with health plans and other organizations that have contact with at-risk persons. CBH conducts focused outreach efforts, in collaboration with these partner organizations, to offer training about specific behavioral health conditions and their treatment to specific at-risk persons who may benefit from services.

CBH begins its secondary and tertiary prevention activities with a thorough review of the population served, including demographic, cultural, clinical, and risk characteristics. Population-level data about Title XIX/XXI enrollees' characteristics and potential behavioral health needs are gathered from various sources, including census data, eligibility data, encounter data, pharmacy data, service request data, translation request data, and input from providers and from Consumer and Community Boards regarding Title XIX/XXI enrollees' service needs. A high-level overview of population characteristics and needs is prepared annually for each population that CBH serves.

Next, CBH partners with other organizations that serve Title XIX/XXI enrollees to jointly identify persons who may benefit from behavioral health services, but who are currently underserved. As described in Sections F, H, and I, GREABHA will work collaboratively with the Child Welfare Department, the Arizona Department of Corrections (DOC), the Administrative Office of the Courts (AOC), the Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) , Division of Developmental Disabilities (ADES/DDD), Child Protective Services (ADES/CPS), and Division of Children, Youth & Families (ADES/DCYF), the Arizona Department of Juvenile Corrections (ADJC), the Arizona Department of Housing, AHCCCS, first responders such as local police departments in GSA 4 and on tribal reservations, and community schools, to identify populations that have a high likelihood of under-identified and under-treated behavioral health conditions.

- In other markets, CBH has partnered with health plans to identify groups such as women at risk for postpartum depression (which is a risk factor for both suicidality and child abuse), children with behavioral health disorders, and adults with chronic medical conditions who may be at risk for depression, substance abuse, or suicide.
- CBH currently works with school districts in Arizona to identify and provide services to children whose behavioral health conditions make it difficult for them to function at school, including children who have been abused and children with substance abuse disorders. GREABHA will expand CBH's school-based outreach efforts into Greater Arizona.
- GREABHA will conduct in-person outreach to homeless persons, including outreach through shelters, soup kitchens, and other agencies that serve the homeless (see Section H).
- GREABHA will identify at-risk persons through liaison activities with local and county jails, the Arizona Department of Corrections, the Arizona Department of Juvenile Corrections, and

other correctional agencies (see Section I). Individuals involved in the criminal justice system may be particularly at risk for substance abuse and suicidality.

Third, GREABHA will work with partner organizations to find ways of identifying individual persons in these targeted high-risk populations. For example, pregnant women at risk for depression and child abuse due to possible postpartum depression may be identified from health plan records, or children at risk for out-of-home placement due to child abuse may be identified from CPS records. GREABHA then will design targeted outreach methods to provide specific behavioral health information to persons who are at risk for mental health or substance abuse conditions. Informational outreach can take the form of written materials (e.g., "What You Should Know About Postpartum Depression") or peer-to-peer outreach calls contracted through the NurseWise service. In these outreach campaigns, consumers are informed of a variety of options for accessing care, including selecting a provider from GREABHA's provider directory or calling GREABHA directly for assistance. GREABHA can also help refer at-risk persons or families to specific services that can assist them, such as services modeled after the Arizona F.I.R.S.T. program in Maricopa County, which provides a wraparound approach to in-home services, treating the whole family for problems related to substance abuse and potential child abuse in order to prevent out-of-home placement when possible.

Goals of secondary prevention programs are to increase awareness among targeted at-risk populations of the signs and symptoms of behavioral health conditions, so that individuals in these populations who have behavioral health conditions can receive appropriate evaluation and treatment. **Objectives** are to inform potential behavioral health recipients about common conditions that they may be at risk for, and to assist them in accessing services. Success in reaching these objectives will be **evaluated** in terms of the number of at-risk persons who receive targeted program materials, and the number who are evaluated and subsequently enter behavioral health treatment when a problem is identified. The program will be judged successful if there is an increase in the number of at-risk individuals who are screened for targeted behavioral health disorders and who subsequently receive any needed treatment. All prevention programs will be evaluated in terms of progress on measurable objectives, by the QMC, Consumer and Community Advisory Councils and Cultural Expert.

Tertiary (Indicated) Prevention

CBH has experience conducting tertiary (indicated) prevention for persons who are already recipients of behavioral health services, but who may be at risk for exacerbation of their symptoms or at risk for negative treatment outcomes. CBH currently conducts indicated prevention activities for individuals with a history of multiple hospitalizations, co-occurring mental health and substance abuse conditions, or co-occurring mental health and chronic medical conditions. CBH's tertiary prevention activities generally take the form of care coordination between behavioral health recipients and their care providers, including coordinating care between mental health and substance abuse providers and PCPs, and coordinating care among behavioral health providers and community supports at different levels of care (e.g., during transitions from inpatient to outpatient and community-based care). CBH produces targeted materials for these specific at-risk groups, maintains a registry of high-risk cases, and monitors case management and care coordination services provided to these individuals by our network.

Goals of tertiary prevention programs are to inform at-risk behavioral health recipients about available treatment options, and to help prevent relapse or exacerbation of symptoms. Objectives are to increase the behavioral health recipient's engagement in treatment and to re-engage at-risk behavioral health recipients during level-of-care transitions. Success in reaching these objectives will be evaluated in terms of the number of at-risk persons who receive appropriate behavioral health treatment (e.g., improved service plan adherence) and who avoid negative outcomes (e.g., reductions in the rehospitalization rate). All prevention programs will be evaluated in terms of progress on measurable objectives, by the Quality Management Committee, Consumer and Community Advisory Councils and Cultural Expert.

u. Attachment E - Estimated Allocation of Revenues

Using the Encounter and Financial Data Reports from the Greater Arizona RFP Databook, the following calculations were performed and the following assumptions made in order to determine the revenue allocations:

- Based on SFY03, the percentage of revenue allocated to each service category (completed encounter dollars)/(total completed encounter dollars) was calculated for GSAs 1, 2 and 4.
- In order to achieve the allowable administrative expense of 7.5% and the allowable profit margin of 4%, each of the service categories were reduced by 11.5%, to achieve a total revenue allocation of 100%. This service mix was the starting point for the first year of operations.
- For the second and third years for each GSA, current trends were used as a starting point. Modifications were then made to reflect desired changes in the service mix provided to behavioral health recipients, specifically showing greater use of supportive and recovery-focused services, and reduced use of inpatient services. A slight downward trend in medication costs was projected based on pharmacy discounts to be obtained through GREABHA's PBM and management of pharmacy benefits (e.g., recommending use of lower-cost generics when appropriate). In sub-groups where crisis services were considered to be under-utilized, this percentage was raised over time; and in sub-groups where crisis services were considered to be over-utilized, this percentage was lowered over time. Similar modifications were made to other categories, based upon GREABHA's understanding of the clinical needs of the population served.

Attachment E: Estimated Allocation of Revenues—GSA 1

Contract Year 2005 Offeror Name: GREABHA

Category of Service	Title XIX				Non-Title XIX	
	Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501 Treatment Services	22.0%	13.9%	7.9%	27.1%	33.2%	33.2%
502 Rehabilitation Services	5.6%	1.5%	7.0%	1.2%	1.3%	1.3%
503 Medical Services	4.1%	1.9%	4.6%	6.2%	1.7%	1.7%
504 Support Services	30.7%	23.4%	30.4%	20.5%	11.2%	11.2%
505 Crisis Intervention Services	0.3%	0.2%	0.7%	1.1%	5.1%	5.1%
506 Inpatient Services	12.7%	27.8%	10.3%	17.2%	25.4%	25.4%
507 Residential Services	2.9%	14.3%	4.5%	0.5%	9.2%	9.2%
508 Behavioral Health Day Programs	0.5%	0.1%	1.8%	0.3%	0.0%	0.0%
510 Medications	9.6%	5.3%	21.4%	14.4%	1.5%	1.5%
513 Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Contract Year 2006

Category of Service	Title XIX				Non-Title XIX	
	Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501 Treatment Services	23.0%	15.9%	8.9%	25.0%	31.2%	31.2%
502 Rehabilitation Services	4.6%	1.5%	7.8%	1.3%	4.1%	3.3%
503 Medical Services	4.1%	1.9%	4.6%	5.2%	1.7%	2.3%
504 Support Services	33.8%	30.5%	34.2%	23.5%	18.7%	15.4%
505 Crisis Intervention Services	1.6%	1.9%	1.2%	1.7%	5.6%	4.6%
506 Inpatient Services	9.7%	19.1%	8.3%	17.2%	23.3%	24.4%
507 Residential Services	1.6%	12.3%	1.8%	0.2%	3.4%	5.2%
508 Behavioral Health Day Programs	0.5%	0.1%	1.3%	0.3%	0.0%	0.0%
510 Medications	9.6%	5.3%	20.4%	14.1%	0.5%	2.1%
513 Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Contract Year 2007

Category of Service		Title XIX				Non-Title XIX	
		Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501	Treatment Services	25.0%	19.9%	9.9%	25.0%	31.0%	30.5%
502	Rehabilitation Services	4.6%	1.5%	7.8%	1.4%	4.1%	3.3%
503	Medical Services	4.1%	1.9%	4.6%	5.0%	1.7%	2.3%
504	Support Services	36.5%	35.5%	37.2%	25.2%	22.7%	18.6%
505	Crisis Intervention Services	2.1%	2.1%	2.2%	2.7%	5.6%	4.6%
506	Inpatient Services	5.6%	12.1%	6.3%	15.2%	21.3%	24.4%
507	Residential Services	0.6%	10.1%	0.8%	0.2%	1.4%	2.9%
508	Behavioral Health Day Programs	0.5%	0.1%	1.3%	0.2%	0.0%	0.0%
510	Medications	9.5%	5.3%	18.4%	13.6%	0.7%	1.9%
513	Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
	Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
	Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Attachment E: Estimated Allocation of Revenues—GSA 2

Contract Year 2005

Offeror Name: GREABHA

Category of Service	Title XIX				Non-Title XIX	
	Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501 Treatment Services	10.5%	5.0%	3.6%	15.6%	3.0%	31.9%
502 Rehabilitation Services	2.2%	0.3%	0.7%	0.3%	0.2%	0.2%
503 Medical Services	2.7%	0.9%	2.5%	8.2%	2.6%	9.1%
504 Support Services	25.1%	10.9%	21.2%	15.3%	20.9%	8.1%
505 Crisis Intervention Services	0.2%	0.1%	0.5%	0.4%	0.4%	3.5%
506 Inpatient Services	25.1%	50.7%	16.1%	6.0%	15.7%	1.0%
507 Residential Services	5.3%	16.8%	18.5%	17.3%	20.8%	20.4%
508 Behavioral Health Day Programs	11.3%	0.5%	8.2%	15.1%	6.1%	10.8%
510 Medications	6.1%	3.3%	17.1%	10.3%	18.8%	3.6%
513 Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

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Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Contract Year 2006

Category of Service	Title XIX				Non-Title XIX	
	Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501 Treatment Services	11.5%	7.0%	4.6%	16.0%	5.0%	31.5%
502 Rehabilitation Services	1.2%	0.3%	1.5%	1.4%	3.0%	2.2%
503 Medical Services	2.7%	0.9%	2.5%	7.2%	2.6%	9.7%
504 Support Services	30.1%	17.9%	25.2%	18.3%	24.4%	11.7%
505 Crisis Intervention Services	1.5%	1.8%	1.0%	1.0%	0.9%	3.0%
506 Inpatient Services	22.1%	42.0%	14.1%	6.0%	13.7%	1.0%
507 Residential Services	4.0%	14.8%	15.8%	14.0%	15.0%	16.4%
508 Behavioral Health Day Programs	9.3%	0.5%	7.7%	14.6%	6.1%	8.8%
510 Medications	6.1%	3.3%	16.1%	10.0%	17.8%	4.2%
513 Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Contract Year 2007

Category of Service	Title XIX				Non-Title XIX	
	Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501 Treatment Services	13.5%	11.0%	5.6%	16.0%	6.8%	32.2%
502 Rehabilitation Services	1.2%	0.3%	1.5%	1.5%	3.0%	2.2%
503 Medical Services	2.7%	0.9%	2.5%	7.0%	2.6%	9.7%
504 Support Services	33.8%	22.9%	28.2%	20.0%	28.4%	14.5%
505 Crisis Intervention Services	2.0%	2.0%	2.0%	2.0%	0.9%	3.0%
506 Inpatient Services	18.0%	35.0%	12.1%	6.0%	11.7%	1.0%
507 Residential Services	3.0%	12.6%	14.8%	12.0%	13.0%	14.1%
508 Behavioral Health Day Programs	8.3%	0.5%	7.7%	14.5%	6.1%	7.8%
510 Medications	6.0%	3.3%	14.1%	9.5%	16.0%	4.0%
513 Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Attachment E: Estimated Allocation of Revenues—GSA 4

Contract Year 2005

Offeror Name:

Category of Service	Title XIX				Non-Title XIX	
	Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501 Treatment Services	30.6%	13.2%	7.7%	34.2%	9.9%	37.7%
502 Rehabilitation Services	0.3%	0.1%	2.5%	2.4%	2.6%	4.5%
503 Medical Services	1.2%	0.5%	2.2%	1.8%	2.1%	0.6%
504 Support Services	34.6%	28.4%	28.2%	21.7%	30.6%	20.5%
505 Crisis Intervention Services	0.8%	0.2%	1.1%	2.9%	1.3%	11.3%
506 Inpatient Services	5.7%	16.6%	3.7%	4.6%	3.7%	4.0%
507 Residential Services	3.3%	23.7%	18.1%	5.4%	16.3%	6.4%
508 Behavioral Health Day Programs	3.3%	0.2%	6.5%	0.6%	9.1%	0.3%
510 Medications	8.7%	5.6%	18.5%	14.8%	13.1%	3.3%
513 Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Contract Year 2006

Category of Service		Title XIX				Non-Title XIX	
		Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501	Treatment Services	30.6%	15.2%	8.6%	34.6%	11.9%	37.7%
502	Rehabilitation Services	0.3%	0.1%	3.3%	3.5%	5.4%	5.5%
503	Medical Services	1.2%	0.5%	2.2%	0.8%	2.1%	1.2%
504	Support Services	39.6%	35.4%	32.2%	24.8%	33.9%	22.7%
505	Crisis Intervention Services	2.1%	1.9%	1.6%	3.5%	1.8%	10.8%
506	Inpatient Services	2.7%	7.9%	1.7%	4.6%	1.7%	4.0%
507	Residential Services	2.0%	21.7%	15.4%	2.1%	10.5%	2.4%
508	Behavioral Health Day Programs	1.3%	0.2%	6.0%	0.1%	9.1%	0.3%
510	Medications	8.7%	5.6%	17.5%	14.5%	12.1%	3.9%
513	Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
	Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
	Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.

Contract Year 2007

Category of Service	Title XIX				Non-Title XIX	
	Child*	Child CMDP	SMI	GMH/SA	SMI	SA
501 Treatment Services	31.6%	19.2%	9.6%	34.6%	13.7%	38.0%
502 Rehabilitation Services	0.3%	0.1%	3.3%	3.6%	5.4%	5.5%
503 Medical Services	1.2%	0.5%	2.2%	0.6%	2.1%	1.2%
504 Support Services	42.3%	40.4%	34.2%	26.5%	36.9%	24.9%
505 Crisis Intervention Services	2.6%	2.1%	2.6%	4.5%	1.8%	10.8%
506 Inpatient Services	0.6%	0.9%	0.7%	4.6%	0.7%	4.0%
507 Residential Services	1.0%	19.5%	14.4%	0.1%	8.5%	0.1%
508 Behavioral Health Day Programs	0.3%	0.2%	6.0%	0.0%	9.1%	0.3%
510 Medications	8.6%	5.6%	15.5%	14.0%	10.3%	3.7%
513 Subtotal	88.5%	88.5%	88.5%	88.5%	88.5%	88.5%
Administration	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
Profit	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Total should equal 100%. Does not include children who are enrolled in CMDP.